



CITY OF TROUTDALE

"Gateway to the Columbia River Gorge"

AGENDA

CITY COUNCIL – REGULAR MEETING

Troutdale City Hall - Council Chambers
219 E. Historic Columbia River Hwy. (Lower Level, Rear Entrance)
Troutdale, OR 97060-2078

Tuesday, March 10, 2015 – 7:00PM

Mayor

Doug Daoust

City Council

David Ripma

Eric Anderson

Larry Morgan

Glenn White

Rich Allen

John Wilson

City Manager

Craig Ward

1. **PLEDGE OF ALLEGIANCE, ROLL CALL, AGENDA UPDATE.**
2. **CONSENT AGENDA:**
 - 2.1 **RESOLUTION:** A resolution recognizing the completion of a public water line improvement by Swift Transportation and accepting it into the City's fixed asset system.
3. **PUBLIC COMMENT:** Public comment is limited to comments on non-agenda items. *Remarks shall be limited to 5 minutes for each speaker unless a different time is allowed by the Mayor. The Mayor and Council should avoid immediate and protracted response to citizen comments.*
4. **PUBLIC HEARING / ORDINANCE (Introduced 2/24/15):** An ordinance amending Chapters 1.020 and 4.700 of the Troutdale Development Code by amending the permitted use section of the Town Center Overlay Zone to allow Urban Agriculture Uses, along with a related amendment to the definitions, and amendment to the Town Center Overlay Zone Purpose Statement.
John Morgan, Planning Director
5. **PUBLIC HEARING / ORDINANCE (Introduction):** An ordinance amending Chapters 1.020, 3.123, 3.163, 3.173, and 4.720 of the Troutdale Development Code by allowing medical marijuana facilities as a conditional use in the General Commercial, Light Industrial and General Industrial Districts and prohibiting these facilities as a conditional use in the General Commercial District within the Town Center Overlay Zone.
John Morgan, Planning Director
6. **STAFF COMMUNICATIONS**

7. COUNCIL COMMUNICATIONS

8. ADJOURNMENT



Doug Daoust, Mayor

Dated: 3/3/15

City Council Regular Meetings will be replayed on Comcast Cable Channel 30 and Frontier Communications Channel 38 on the weekend following the meeting - Saturday at 2:30pm and Sunday at 9:00pm.

Further information and copies of agenda packets are available at: Troutdale City Hall, 219 E. Historic Columbia River Hwy. Monday through Friday, 8:00 a.m. - 5:00 p.m.; On our Web Page www.troutdaleoregon.gov or call Debbie Stickney, City Recorder at 503-674-7237.

The meeting location is wheelchair accessible. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to: Debbie Stickney, City Recorder 503-674-7237.



CITY OF TROUTDALE



STAFF REPORT

SUBJECT / ISSUE: A resolution recognizing the completion of a public water line improvement by Swift Transportation and accepting it into the City's fixed asset system.

<p>MEETING TYPE: City Council Regular Mtg.</p>	<p>MEETING DATE: March 10, 2015</p> <p>STAFF MEMBER: Travis Hultin, Chief Engineer</p> <p>DEPARTMENT: Public Works</p>
<p>ACTION REQUIRED Consent Agenda/Resolution</p> <p>PUBLIC HEARING No</p>	<p>ADVISORY COMMITTEE/COMMISSION RECOMMENDATION: Not Applicable</p> <p><u>Comments:</u></p>
<p>STAFF RECOMMENDATION: Accept this water system improvement into the City's fixed asset system</p>	

EXHIBITS:

- A. Vicinity Map
- B. Offer of dedication from Swift Transportation

Subject / Issue Relates To:

- Council Goals
 Legislative
 Other (describe)
 Water System Improvement

Issue / Council Decision & Discussion Points:

- ◆ This water line segment is a portion of a water main loop in the north industrial area that is called for in the adopted Water Master Plan
- ◆ Swift Transportation completed construction of this improvement in conjunction with their commercial site development, as required by their conditions of approval
- ◆ All construction was completed to the satisfaction of the Public Works Department in accordance with the Construction Standards for Public Works Facilities and the City-approved plans and specifications
- ◆ The water line has passed all required inspections and commissioning tests, and is ready for service

Reviewed and Approved by City Manager:

- ◆ Swift Transportation has formally offered dedication of this water main to the City

BACKGROUND:

Over the past spring, summer and fall, Swift Transportation has completed site improvements and redevelopment of their recently acquired property at 2770 NW Rogers Circle. As a condition of their land use approval, and in accordance with the City's adopted Water Master Plan, Swift Transportation was required to construct this water line segment. This segment is one portion of a planned loop main to serve the northeast portion of the industrial area, including the Swift Transportation site. This water main loop, when the remaining segments are ultimately completed, will improve flow reliability and fire flow delivery to a number of industrial properties in the northeast corner of the City, with Swift Transportation representing a large portion of those industrial lands.

Plans and specifications were prepared by professional engineer Craig Harris (Lic# 58412PE) of Alpha Associates Inc., and approved by the Chief Engineer in Public Works. Construction was completed by Konell Construction of Sandy, OR. All work was inspected by the Department of Public Works and found satisfactory, and in compliance with the Construction Standards for Public Works Facilities, the approved plans and specifications, and the requirements of the Oregon Health Authority Drinking Water Program. The new water line and appurtenances passed all required commissioning tests and is ready for public service.

Having satisfactorily complete construction of this improvement, Swift Transportation has formally offered dedication of this waterline to the City and the Public Works department is prepared to assume operation and maintenance responsibilities. Swift Transportation has already dedicated (and the City has accepted) an easement for this waterline alignment.

PROS & CONS:

Pros:

- Provides a water system improvement called for in the water master plan
- Acceptance formally allows the City to take over operation and maintenance

Cons

- None

Current Year Budget Impacts Yes (describe) N/A

Operational and maintenance costs for the water line and appurtenances

Future Fiscal Impacts: Yes (describe) N/A

Operational and maintenance costs for the water line and appurtenances

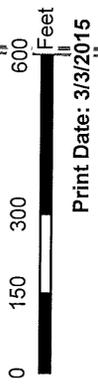
City Attorney Approved N/A Yes

Community Involvement Process: Yes (describe) N/A



Exhibit A

3/10/15 Council Mtg. – Item #2.1



Print Date: 3/3/2015

Swift Water Line Segment

Legend
FireHydrant
PRIVATE
N
Y
Main
Address Label
Taxlots

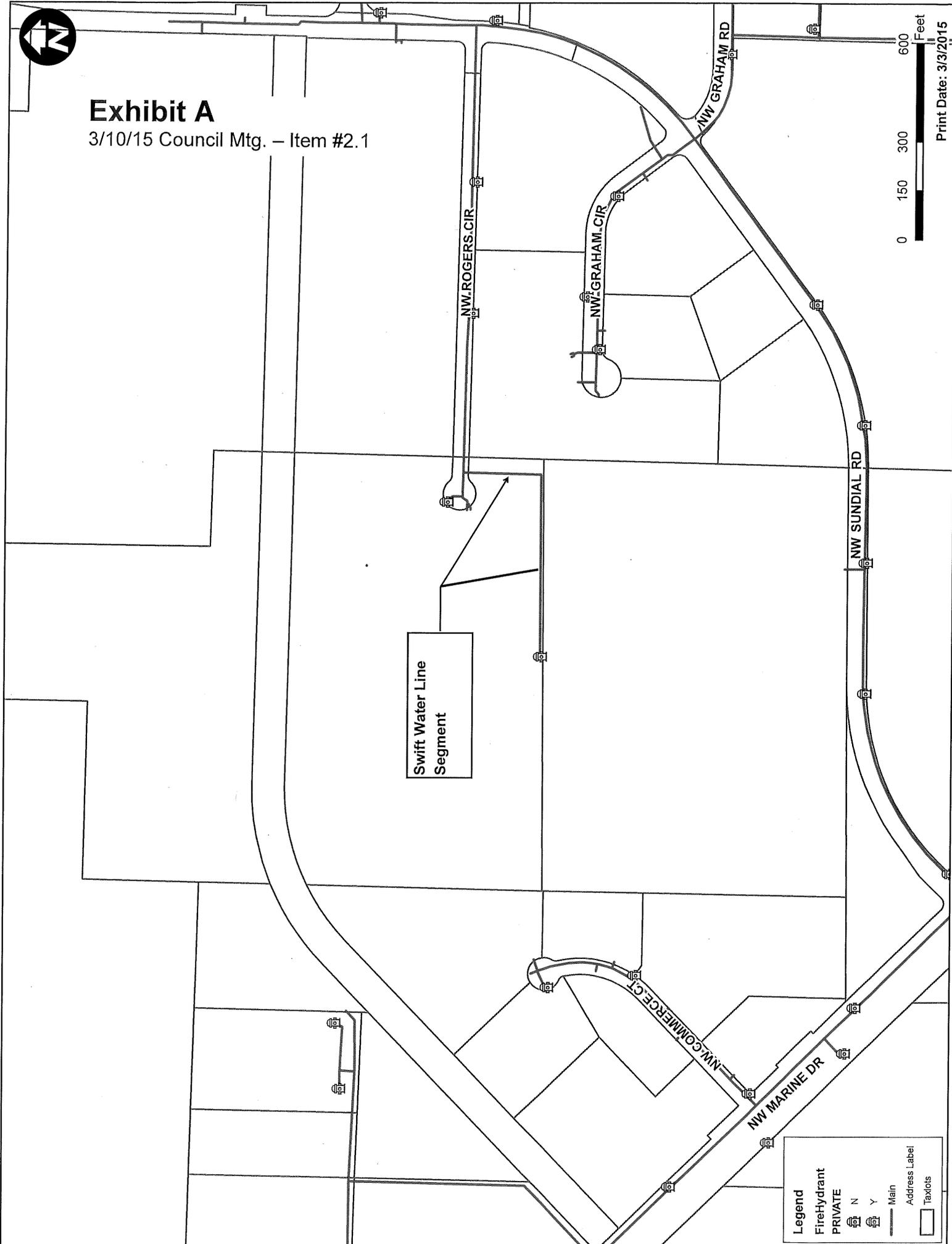


Exhibit B

3/10/15 Council Mtg. – Item #2.1

SWIFT

P.O. Box 29243 ▪ Phoenix, Arizona 85038-9243
2200 S. 75th Avenue ▪ Phoenix, Arizona 85043
Telephone: 602-269-9700

TRANSPORTATION CO. OF ARIZONA, LLC

February 20, 2015

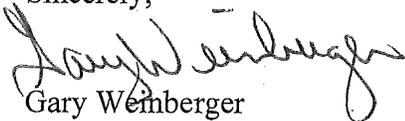
City of Troutdale
Public Works
219 East Historic Columbia River HWY
Troutdale, OR 97060

RE: Swift Transportation Public Water Line

On behalf of Swift Transportation Co, of Arizona, LLC (Property Owner), I am writing to inform the City of Troutdale that the requested public water line on our property at 2727 NW Rogers Circle, Troutdale, OR, has been completed. I hereby request that you dedicate this water line to the City of Troutdale as a City Asset.

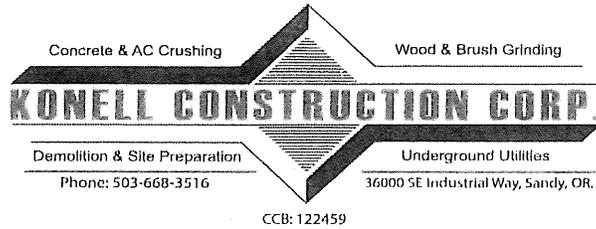
Attached is the cost breakdown of the total cost of the water line.

Sincerely,



Gary Weinberger
Vice President

Attachment



Item Description	Unit	QTY	Unit Cost	Total
12" Hot Tap	EA	1	\$7,572.37	\$7,572.37
12" DI Public Fire Line	LF	799	\$78.44	\$62,673.56
Added Stortz Adapters to Public Hydrants	EA	3	\$153.33	\$459.99
Public Fire Hydrant	EA	1	\$3,458.85	\$3,458.85
			Total	\$74,164.77

RESOLUTION NO.

A RESOLUTION RECOGNIZING THE COMPLETION OF A PUBLIC WATER LINE IMPROVEMENT BY SWIFT TRANSPORTATION AND ACCEPTING IT INTO THE CITY'S FIXED ASSET SYSTEM

THE TROUTDALE CITY COUNCIL FINDS AS FOLLOWS:

1. The construction of a public water line associated with the Swift Transportation development at 2770 NW Rogers Circle was necessary to meet the demands of the public health, safety, and welfare
2. The construction of this water line segment is complete.
3. The water line has been inspected and found to be in compliance with the City of Troutdale Construction Standards for Public Works Facilities and the approved plans and specifications.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF TROUTDALE

Section 1. The following public improvements associated with the Swift Transportation project are accepted into the City's fixed asset system, valued as follows:

Description	Cost/Value
799 linear feet of 12" DI Water Main	\$70,245.93
1 Public Fire Hydrant	\$3,458.85
3 Fire Hydrant Storz Adapters	\$459.99
TOTAL	\$74,164.77

Section 2. The resolution is effective upon adoption.

YEAS:
NAYS:
ABSTAINED:

Doug Daoust, Mayor

Date

Debbie Stickney, City Recorder

Adopted:



CITY OF TROUTDALE



STAFF REPORT

SUBJECT / ISSUE: Public Hearing on an Ordinance Amending Chapters 1.020 And 4.700 Of The Troutdale Development Code By Amending The Permitted Use Section Of The Town Center Overlay Zone To Allow Urban Agriculture Uses, Along With A Related Amendment To The Definitions, And Amendment To The Town Center Overlay Zone Purpose Statement.

MEETING TYPE:
City Council Regular Mtg.

MEETING DATE: March 10, 2015

STAFF MEMBER: John Morgan
DEPARTMENT: Community Development

ACTION REQUIRED
Ordinance - Adoption

ADVISORY COMMITTEE/COMMISSION RECOMMENDATION:
Approval

PUBLIC HEARING
Yes

Comments: Troutdale Planning Commission recommends adoption

STAFF RECOMMENDATION: Adoption

EXHIBITS:

- A. Planning Commission Findings of Fact and Recommendation of January 28, 2015 including the proposed Development Code language.
- B. Planning Commission's Recommended Troutdale Development Code Amendments

Subject / Issue Relates To:

- Council Goals Legislative Other (describe)

Issue / Council Decision & Discussion Points:

- ◆ At the request of McMenamins, Inc., the Council initiated a text amendment to incorporate agricultural uses into the Town Center Overlay Zone. The Council will conduct a public hearing and then adopt the ordinance creating the text amendments, adopt the ordinance with revised amendments, or not adopt the ordinance.
- ◆ Planning Commission recommends approval but expressed concern about potential impacts of raising of livestock. No recommendations were made on the point.

Reviewed and Approved by City Manager:

- ◆ Staff is recommending limits on the size of the area devoted to raising of livestock in order to help minimize any negative impacts

BACKGROUND:

McMenamins is interested in purchasing the property north of its Edgefield complex north of Halsey Street to develop as a small-scale farm to provide agricultural products for its restaurants. However, the zoning on the property is General Commercial with the Town Center Overlay, in which agricultural uses are not permitted.

Therefore, McMenamins requested the Council initiate a text amendment to the Development Code that would make agricultural uses allowed in the Town Center Overlay Zone. The Council took this action in 2014 and the matter was referred to the Planning Commission for development of a draft and developing a recommendation to the City Council following a public hearing. The Commission finished its work on January 28th with recommended language being forwarded to the Council via this staff report.

It must be noted the change, if approved will apply in the entire Town Center Overlay zone area, not just the McMenamins property.

The City staff developed draft language for the Commission's consideration. The Commission, after a January 28th public hearing, accepted that language with three amendments as described below:

1. The draft definition of "Local food production use" was amended by adding a sentence specifically excluding any substance regulated by the Federal Controlled Substance Act.
2. The list of permitted uses was edited by breaking the long paragraph covering multiple uses as "Additional Permitted Uses" into three subsections for better reading clarity.
3. The Commission approved deleting reference to the Metro 2040 Growth Concept in the Purpose Statement for the Town Center Overlay Zone.

The Planning Commission expressed in its findings a concern about potential impacts from the raising of livestock. Staff concurs with the finding and recommends a limit on the size of any area devoted to livestock with the intent of allowing limited livestock raising, secondary to the raising of crops, minimizing the possibility of impacts on surrounding properties primarily.

Staff recommends the following language be added to the Planning Commission proposed language for 4.720.E.1. (*The Planning Commission recommended changes are underlined. New proposed staff language is underlined and bold*)

Additional permitted uses: Single-family detached dwellings (except manufactured homes), duplex, triplex, attached, and multiple-family dwellings, provided the residential use is located above or behind a permitted commercial use, whether within the same building as the commercial use or in a separate building; local food production uses on lots or parcels one acre in size or larger, provided no poultry or livestock, other than household pets, shall be housed within 100 feet

of any residence other than a residence on the same lot and shall not occupy an area greater than 10,000 square feet or 10% of the total property whichever is larger; and public parking lots.

The attached ordinance include both the Planning Commission's and staff's recommended language.

RELEVANT CRITERIA:

Section 15.050 of the Troutdale Development Code establishes the following approval criteria for evaluating comprehensive plan amendments.

1. *For Comprehensive Plan text amendments, compliance with the Statewide Land Use goals and related Administrative Rules.*

This section is not applicable as this is a Development Code text amendment not a Comprehensive Plan text amendment.

2. *Public need is best satisfied by this particular change.*

Public need is best satisfied by the recommended changes. The Urban Agriculture Code Amendment reflects a growing market for locally produced food as well as the use and enjoyment of that food in local eating establishments. It provides an avenue for supporting existing restaurant businesses and encouraging new investment.

There was one public comment at the Planning Commission's January 28th public hearing expressing concern about livestock use.

The Commission concurred in the citizen's concern and makes a finding it is also concerned about livestock threshold issues.

3. *The change will not adversely affect the health, safety and welfare of the community.*

Adoption of this text amendment includes provisions limiting livestock therefore helping to mitigate any impacts from livestock operations. The proposed use produces negligible traffic and little or no sewer and water infrastructure impact.

4. *In the case of Development Code amendments, the particular change does not conflict with applicable comprehensive plan goals or policies.*

The proposed Development Code change is not contrary to any policy within the Comprehensive Plan.

PROS & CONS:

Pros:

- Adoption furthers economic opportunity consistent with changing market potential

Cons:

- None other than potential impacts from livestock operations.

Current Year Budget Impacts Yes (*describe*) N/A

Future Fiscal Impacts: Yes (*describe*) N/A

City Attorney Approved N/A Yes

Community Involvement Process: Yes (*describe*) N/A



**BEFORE THE PLANNING COMMISSION
of the
CITY OF TROUTDALE
FINDINGS of FACT, FINAL ORDER and
RECOMMENDATION to the CITY COUNCIL**

**Pertaining to
TEXT AMENDMENTS to TROUTDALE DEVELOPMENT CODE
CHAPTER 1.020 DEFINITIONS; CHAPTER 4.710 PURPOSE AND
INTENT - TOWN CENTER OVERLAY ZONE; AND CHAPTER
4.720 PERMITTED AND CONDITIONAL USES-TOWN CENTER
OVERLAY ZONE**

PROCEDURE: IV Legislative Procedure

HEARING DATE: January 28, 2015

STAFF: John Morgan, City Planner

PROJECT NAME: Troutdale Development Code Text Amendment concerning Urban Agriculture

ATTACHMENT: Proposed Text Amendment – Urban Agriculture

FINDINGS OF FACT:

Section 15.050 of the Troutdale Development Code establishes the following approval criteria for evaluating comprehensive plan amendments. The Troutdale Planning Commission hereby finds the following relative to those criteria in this matter:

1. For Comprehensive Plan text amendments, compliance with the Statewide Land Use goals and related Administrative Rules.

This section is not applicable as this is a Development Code text amendment not a Comprehensive Plan text amendment.

2. Public need is best satisfied by this particular change.

Public need is best satisfied by the recommended changes. The Urban Agriculture Code Amendment reflects a growing market for locally produced food as well as the use and enjoyment of that food in local eating establishments. It provides an avenue for supporting existing restaurant businesses and encouraging new investment.

There was one public comment at the Planning Commission's January 28th public hearing expressing concern about livestock use.

The Commission concurred in the citizen's concern and makes a finding it is also concerned about livestock threshold issues.

3. The change will not adversely affect the health, safety and welfare of the community.

Adoption of this text amendment includes provisions limiting livestock therefore helping to mitigate any impacts from livestock operations. The proposed use produces negligible traffic and little or no sewer and water infrastructure impact.

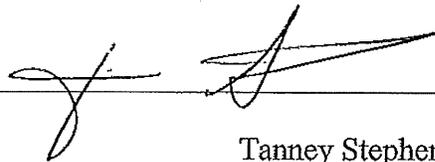
4. In the case of Development Code amendments, the particular change does not conflict with applicable comprehensive plan goals or policies.

The proposed Development Code change is not contrary to any policy within the Comprehensive Plan.

RECOMMENDATION to CITY COUNCIL:

Based upon the foregoing, the Troutdale Planning Commission recommends to the Troutdale City Council adoption of the proposed amendments to the text of the Troutdale Development Code Chapter 1.020 Definitions; Chapter 4.710 Purpose; and 4.720 Permitted and Conditional Uses.

ADOPTED this 28th Day of January 2015



Tanney Stephenson, Chair
Troutdale Planning Commission

City of Troutdale - EXHIBIT B
Urban Agriculture Amendments to the Troutdale Development
Code
February 2015 DRAFT - Planning Commission Recommended
Language

Amend Chapter 1.020 - Definitions - by adding the following definition and renumbering accordingly:

1.020.60 "Local food production use" includes utilization of land to raise, harvest, or sell crops; feed, breed, manage, and sell livestock, poultry, honeybees, or their produce; raise dairy animals and sell dairy products; or engage in any other similar agricultural or horticultural use, animal husbandry, or combination thereof; for producing food to be consumed by people. Local food production uses include preparation or processing and storage of products raised on such land, but do not include construction or use of dwellings. Food does not include any substances regulated by the Controlled Substances Act enacted by the United States Congress.

Amend Chapter 4.700 - Town Center Overlay - by amending the Purpose Statement as follows:

4.710 Purpose and Intent. The purpose of this district is to encourage the downtown Troutdale area to grow as a diverse and viable town center ~~consistent with the Metro 2040 Growth Concept for town centers.~~ The Troutdale Town Center is envisioned as the district that provides shopping, employment, cultural, and recreational opportunities that serve the Troutdale area. In addition, the district allows for continued housing opportunities close to commercial activities. The intent of the specific design standards for buildings,

City of Troutdale - EXHIBIT B
Urban Agriculture Amendments to the Troutdale Development
Code
February 2015 DRAFT - Planning Commission Recommended
Language

streetscapes, and parking with the TC district is to achieve development that is consistent with the design concepts include, but are not limited to, attractive pedestrian-oriented streets, providing a complementary mix of commercial and residential development, a connected network of streets and accessways to reduce automobile dependency, and avoiding walled streets.

Amend Chapter 4.700 - Town Center Overlay - by amending the permitted use list for properties in the General Commercial zone and the Town Center Overlay:

4.720 Permitted and Conditional Uses. Permitted and conditional uses are the same as those listed in the underlying zoning districts with the following exceptions:

E. General Commercial (GC).

1. Additional permitted uses:

a. Single-family detached dwellings (except manufactured homes), duplex, triplex, attached, and multiple-family dwellings, provided the residential use is located above or behind a permitted commercial use, whether within the same building as the commercial use or in a separate building;

b. local food production uses on lots or parcels one acre in size or larger, provided no poultry or livestock, other than household pets,

City of Troutdale - EXHIBIT B

**Urban Agriculture Amendments to the Troutdale Development
Code**

**February 2015 DRAFT - Planning Commission Recommended
Language**

shall be housed within 100 feet of any residence other than a
residence on the same lot;

c. _____ and public parking lots.

ORDINANCE NO.

AN ORDINANCE AMENDING CHAPTERS 1.020 AND 4.700 OF THE TROUTDALE DEVELOPMENT CODE BY AMENDING THE PERMITTED USE SECTION OF THE TOWN CENTER OVERLAY ZONE TO ALLOW URBAN AGRICULTURE USES, ALONG WITH A RELATED AMENDMENT TO THE DEFINITIONS, AND AMENDMENT TO THE TOWN CENTER OVERLAY ZONE PURPOSE STATEMENT.

THE TROUTDALE CITY COUNCIL FINDS AS FOLLOWS:

1. At the request of McMenamins, Inc., the Council initiated an amendment to the Development Code to allow agricultural use in the Town Center Overlay zone; and
2. The Planning Commission, at the Council's direction; developed proposed amendment language and after a public hearing recommended adoption of amendment language and findings of fact to the City Council;

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF TROUTDALE:

Section 1. Chapter 1.020 - General Definitions, Section 4.710 – Town Center Overlay Purpose and Intent, and Section 4.720 – Town Center Overlay Permitted Uses of the Troutdale Development Code shall be amended as follows:

Amend Chapter 1.020 – Definitions – by adding the following definition and renumbering accordingly:

1.020.60 “Local food production use” includes utilization of land to raise, harvest, or sell crops; feed, breed, manage, and sell livestock, poultry, honeybees, or their produce; raise dairy animals and sell dairy products; or engage in any other similar agricultural or horticultural use, animal husbandry, or combination thereof; for producing food to be consumed by people. Local food production uses include preparation or processing and storage of products raised on such land, but do not include construction or use of dwellings. Food does not include any substances regulated by the Controlled Substances Act enacted by the United States Congress.

Amend Chapter 4.700 – Town Center Overlay – by amending the Purpose Statement as follows:

4.710 Purpose and Intent. The purpose of this district is to encourage the downtown Trousdale area to grow as a diverse and viable town center consistent with the Metro 2040 Growth Concept for town centers. The Trousdale Town Center is envisioned as the district that provides shopping, employment, cultural, and recreational opportunities that serve the Trousdale area. In addition, the district allows for continued housing opportunities close to commercial activities. The intent of the specific design standards for buildings, streetscapes, and parking with the TC district is to achieve development that is consistent with the design concepts include, but are not limited to, attractive pedestrian-oriented streets, providing a complementary mix of commercial and residential development, a connected network of streets and accessways to reduce automobile dependency, and avoiding walled streets.

Amend Chapter 4.700 – Town Center Overlay – by amending the permitted use list for properties in the General Commercial zone and the Town Center Overlay:

4.720 Permitted and Conditional Uses. Permitted and conditional uses are the same as those listed in the underlying zoning districts with the following exceptions:

E. General Commercial (GC).

1. Additional permitted uses:

a. Single-family detached dwellings (except manufactured homes), duplex, triplex, attached, and multiple-family dwellings, provided the residential use is located above or behind a permitted commercial use, whether within the same building as the commercial use or in a separate building;

b. local food production uses on lots or parcels one acre in size or larger, provided no poultry or livestock, other than household pets, shall be housed within 100 feet of any residence other than a residence on the same lot and shall not occupy an area greater than 10,000 square feet or 10% of the total property whichever is larger; and

c. public parking lots.

Section 2. The findings of fact included in the January 28, 2015 Planning Commission order are adopted by the Council in support of this action.

Section 3. This ordinance is effective upon and from 30 days after its enactment by the Council.

**YEAS:
NAYS:
ABSTAINED:**

Doug Daoust, Mayor

Date _____

Debbie Stickney, City Recorder

Adopted:



CITY OF TROUTDALE



STAFF REPORT

SUBJECT / ISSUE: An ordinance amending Chapters 1.020, 3.123, 3.163, 3.173, and 4.720 of the Troutdale Development Code by allowing medical marijuana facilities as a conditional use in the General Commercial, Light Industrial and General Industrial Districts and prohibiting these facilities as a conditional use in the General Commercial District within the Town Center Overlay Zone.

MEETING TYPE:
City Council Regular Mtg.

MEETING DATE: 3/10/2015

STAFF MEMBER: Mark McCaffery
DEPARTMENT: Community Development

ACTION REQUIRED
Ordinance - Introduction

ADVISORY COMMITTEE/COMMISSION RECOMMENDATION:
Approval

PUBLIC HEARING
Yes

Comments: Planning Commission recommends adoption of text amendments.

STAFF RECOMMENDATION: Staff recommends approval of the Troutdale Planning Commission recommendation to adopt the proposed amendments to the text of the Troutdale Development Code Chapter 1.020 General Definitions, 3.123 Conditional Uses – General Commercial District, 3.163 Conditional Uses – Light Industrial District, 3.173 Conditional Uses – General Industrial District, and 4.720 Permitted and Conditional Uses – Town Center.

EXHIBITS:

- A. Planning Commission Final Order and Recommendation including the proposed Development Code text amendments
- B. HB 3460
- C. Planning Commission Public Testimony received
 - 1. "Drug harms in the UK: a multicriteria decision analysis"
 - 2. Paul Wilcox
- D. Map: School & Parks Buffers with Town Center Restriction Area
- E. Map: Eligible Zones & Taxlots Remaining with School & Parks Buffer & Town Center Restriction Area Applied

Subject / Issue Relates To:

- Council Goals
 Legislative
 Other (describe)

Reviewed and Approved by City Manager:

Issue / Council Decision & Discussion Points:

- ◆ To comply with state law, the Council initiated a text amendment to regulate the development of medical marijuana facilities in Troutdale. The Council will conduct a public hearing and then adopt the ordinance creating the text amendments, adopt the ordinance with revised amendments, or not adopt the ordinance.
- ◆ Planning Commission recommends approval of the ordinance as described in the Final Order attached as Exhibit A.

BACKGROUND:

In November 1998, Oregon voters passed Measure 67 into law. The law, known as the Oregon Medical Marijuana Act (ORS 475.300), provides legal protections for qualified patients; requires a physician-written statement of the patients qualifying debilitating medical condition; allows for a caregiver to provide assistance; and mandates an Oregon Health Authority (OHA) registration system.

During the 2013 Special Session, the Oregon legislature passed HB 3460 (attached as Exhibit B) which allows for the establishment and licensing of medical marijuana facilities. The bill prompted the Oregon Health Authority to formulate administrative rules governing the licensing of medical marijuana facilities. The Oregon Health Authority began accepting applications for medical marijuana facilities in March of 2014.

During the 2014 Regular Session, the Oregon Legislature passed SB 1531, which provided cities or counties the power to adopt "reasonable regulations" on facilities including limitations on hours, limitations where facilities may be located and conditions in which a facility may dispense medical marijuana. SB 1531 also gives local governments the ability to impose certain regulations and restrictions on the operation of medical marijuana dispensaries, including the ability to impose a moratorium for a period of time up until May 1, 2015.

The City Council adopted Ordinance 821 in April of 2014, effectively prohibiting medical marijuana facilities and marijuana retail premises in the City. Ordinance 821 automatically expires and is deemed to be repealed at 11:59:59pm on April 30, 2015, unless sooner repealed or extended by City Council ordinance.

Text amendments to the Troutdale Development Code (TDC) are necessary in order to allow the operation of medical marijuana facilities within the City's jurisdiction. Text amendments require a Type IV legislative procedure. At a work session on January 21st, and a public hearing on February 25th, the Planning Commission evaluated the proposed amendments based on text amendment approval criteria and has provided a recommendation to the City Council. Refer to Exhibit C for public testimony submitted at the Planning Commission public hearing. See Exhibits D and E for maps illustrating the impact of the proposed text amendments.

Based on the staff report, public testimony, and the approval criteria under section 15.050 of the TDC, the Planning Commission supports further restriction of the location of medical marijuana facilities beyond state requirements to provide separation from schools and parks and prohibit the facilities from operating in the Town Center. Applicants for proposed facilities will apply for a conditional use permit that requires review and approval by the Planning Commission. The Planning Commission will review the application to ensure that the proposed facility will not be detrimental to the adjoining properties or to the purpose and intent of the Comprehensive Land Use Plan.

PROS & CONS:

Pros:

- Adoption of the ordinance complies with state requirements and furthers economic opportunity consistent with a new state regulated industry.

Cons

- None.

Current Year Budget Impacts <input type="checkbox"/> Yes (<i>describe</i>) <input checked="" type="checkbox"/> N/A
Future Fiscal Impacts: <input type="checkbox"/> Yes (<i>describe</i>) <input checked="" type="checkbox"/> N/A
City Attorney Approved N/A <input type="checkbox"/> Yes
Community Involvement Process: <input type="checkbox"/> Yes (<i>describe</i>) <input checked="" type="checkbox"/> N/A



**BEFORE THE PLANNING COMMISSION
of the
CITY OF TROUTDALE
FINDINGS of FACT, FINAL ORDER and
RECOMMENDATION to the CITY COUNCIL
Pertaining to
TEXT AMENDMENTS to TROUTDALE DEVELOPMENT CODE
CHAPTER 1.020 GENERAL DEFINITIONS, 3.123 CONDITIONAL
USES – GENERAL COMMERCIAL DISTRICT, 3.163
CONDITIONAL USES – LIGHT INDUSTRIAL DISTRICT, 3.173
CONDITIONAL USES – GENERAL INDUSTRIAL DISTRICT, AND 4.720
PERMITTED AND CONDITIONAL USES – TOWN CENTER OVERLAY ZONE**

PROCEDURE: IV Legislative Procedure
HEARING DATE: February 25, 2015
STAFF: Mark McCaffery, City Planner
PROJECT NAME: Troutdale Development Code Text Amendments concerning
Medical Marijuana Facilities
ATTACHMENT: Proposed Text Amendments – Medical Marijuana Facilities

FINDINGS OF FACT:

Section 15.050 of the Troutdale Development Code establishes the following approval criteria for evaluating comprehensive plan amendments. The Troutdale Planning Commission hereby finds the following relative to those criteria in this matter:

1. For Comprehensive Plan text amendments, compliance with the Statewide Land Use goals and related Administrative Rules.

This section is not applicable as this is a Development Code text amendment not a Comprehensive Plan text amendment.

2. Public need is best satisfied by this particular change.

Public need is best satisfied by the recommended changes. The Medical Marijuana Facilities Code Amendment reflects a state mandate to amend the Development Code to allow these facilities to operate within the City's jurisdiction. By establishing policies permitting and

guiding their location, the City is providing the opportunity for a new retail activity that will promote new employment opportunities both in the sale and preparation of product for sale. Registry identification cardholders in the community will have opportunities to purchase the product from dispensaries within the City.

3. The change will not adversely affect the health, safety and welfare of the community.

The Planning Commission supports further restriction of the location of medical marijuana facilities beyond state requirements to provide separation from schools and parks and prohibit the facilities from operating in the Town Center. Proposed facilities will apply for a conditional use permit that requires review and approval by the Planning Commission. The Planning Commission will review the application to ensure that the proposed facility will not be detrimental to the adjoining properties or to the purpose and intent of the Comprehensive Land Use Plan.

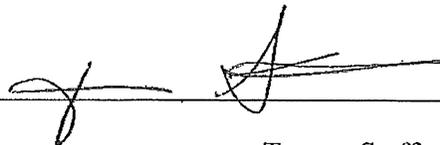
4. In the case of Development Code amendments, the particular change does not conflict with applicable comprehensive plan goals or policies.

The proposed Development Code change is not contrary to any policy within the Comprehensive Plan.

RECOMMENDATION to CITY COUNCIL:

Based upon the foregoing, the Troutdale Planning Commission recommends to the Troutdale City Council adoption of the attached proposed amendments to the text of the Troutdale Development Code Chapter 1.020 General Definitions, 3.123 Conditional Uses – General Commercial District, 3.163 Conditional Uses – Light Industrial District, 3.173 Conditional Uses – General Industrial District, and 4.720 Permitted and Conditional Uses – Town Center.

ADOPTED this 25th Day of February 2015



Tanney Staffenson, Chair
Troutdale Planning Commission

PROPOSED TEXT AMENDMENTS – MEDICAL MARIJUANA FACILITIES
TROUTDALE DEVELOPMENT CODE

1.020 GENERAL DEFINITIONS

.79 May. As used in this code, MAY is permissive and SHALL is mandatory.

.80 Medical Marijuana Facilities. *A facility registered with the Oregon Health Authority under ORS 475.314 and OAR 333-008-1050 to:*

i. Accept the transfer of usable marijuana and immature marijuana plants from a registry identification cardholder, the designated primary caregiver of a registry identification cardholder, or a person responsible for a marijuana grow site to the medical marijuana facility; or

ii. Transfer usable marijuana and immature marijuana plants to a registry identification cardholder or the designated primary caregiver of a registry identification cardholder.

.80-81. Mixed-Use Development. The development of a tract of land, building, or structure with a variety of uses, such as, but not limited to, residential, office, manufacturing, retail, public, or entertainment, in a compact urban form. See Dwelling, Mixed-Use.

1.020 GENERAL DEFINITIONS

.91 Parcel. A piece of land created by a partition, subdivision, deed, or other instrument recorded with the appropriate recorder. This includes a lot, a lot of record, or a piece of land created through other methods.

.92 Park. *A forest, reservation, playground, beach, recreation center or any other area in the city, owned or used by the city and devoted to active or passive recreation.*

~~.92~~ .93 Partition. Creation of two or three lots within a 12-month period.

1.020 GENERAL DEFINITIONS

.102 School. A public, parochial, or private institution that provides educational instruction to students; ***including accredited colleges or universities.*** This definition does not include trade or business schools or colleges.

GENERAL COMMERCIAL DISTRICT

3.123 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses in the GC district:

- A. Wholesale distribution outlets, including warehousing.
- B. Off-street parking, and storage of truck tractors and/or semi-trailers.
- C. Heliport landings.
- D. Outdoor stadiums and race tracks.
- E. Automobile and trailer sales areas.
- F. Community service uses.
- G. Utility facilities, major.
- H. ***Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.***
- H.-I. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90]

LIGHT INDUSTRIAL DISTRICT

3.163 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses within a LI district:

- A. Heliports accessory to permitted or approved conditional uses.
- B. Retail, wholesale, and discount sales and services, including restaurants, banks, dry-cleaners, and similar establishments, with or without drive-up or drive-through window service, subject to the provisions of subsection 3.165(E) of this chapter.
- C. Community service uses.
- D. Utility facilities, major.
- E. Automobile, truck, trailer, heavy equipment, recreational vehicle, boat and manufactured home sales, rentals, and repair shops.
- F. Card-lock fueling stations, truck stops, service stations, tire shops, and oil change facilities.
- G. Motels or hotels, including banquet rooms, conference, or convention centers.
- H. Commercial sports complexes including, but not limited to, health clubs, tennis courts, aquatic centers, skating rinks, and similar facilities.

I. Child care facilities, kindergartens, and similar facilities.

J. Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.

J.K. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90; Amended by Ord. 660, ef. 5/28/98; Amended by Ord. 724, ef. 11/8/02; Amended by Ord. 792, ef. 9/25/08]

GENERAL INDUSTRIAL DISTRICT

3.173 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses within the GI district:

- A. Child care facilities, kindergartens, and similar facilities.
- B. Community service uses.
- C. Concrete or asphalt manufacturing plants.
- D. Sanitary landfills, recycling centers, and transfer stations.
- E. Sewage treatment plants and lagoons.
- F. Telecommunication towers and poles.
- G. Junk yards.
- I. Residential dwelling/hangar mixed uses when the hangars are served by a taxiway with direct access to the Troutdale Airport Runway. The use shall be subject to the following requirements:
 - 1. Approval from the Port of Portland.
 - 2. Approval from the Federal Aviation Administration.
 - 3. No separate accessory structures are allowed.
- I. Heliports accessory to permitted or approved conditional uses.
- J. Commercial sports complexes including, but not limited to, health clubs, tennis courts, aquatic centers, skating rinks, and similar facilities.
- K. Commercial uses within industrial flex-space buildings, subject to the provisions of subsection 3.175(D) of this chapter.

L. Processing facilities whose principal use involves the rendering of fats, the slaughtering of fish or meat, or the fermentation of foods such as sauerkraut, vinegar, and yeast.

M. The manufacturing or storing of toxic or hazardous materials when done in compliance with federal and state regulations.

N. Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.

N. O. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90; Amended by Ord. 660, ef. 5/28/98; Amended by Ord. 724, ef. 11/8/02; Amended by Ord. 792, ef. 9/25/08]

TOWN CENTER OVERLAY

4.720 Permitted and Conditional Uses. Permitted and conditional uses are the same as those listed in the underlying zoning districts with the following exceptions:

E. General Commercial (GC).

1. Additional permitted uses: Single-family detached dwellings (except manufactured homes), duplex, triplex, attached, and multiple-family dwellings, provided the residential use is located above or behind a permitted commercial use, whether within the same building as the commercial use or in a separate building; and public parking lots.

2. Eliminated permitted uses: Automotive repairs, including painting and incidental body and fender work; automotive service stations; lumber yards (retail sales only); and tire shops.

3. Eliminated conditional uses: Automobile and trailer sales area, heliport landings, off-street parking and storage of truck tractors and/or semi-trailers, outdoor stadiums and racetracks, wholesale distribution outlets, including warehousing- ***and medical marijuana facilities.*** [Adopted by Ord. 658, ef. 3/12/98; Repealed and readopted by Ord. 661, ef. 7/23/98; Amended by Ord. 716, ef. 5/9/02; Amended by Ord. 770, ef. 2/23/06; Amended by Ord. 806, ef. 5/26/11]

77th OREGON LEGISLATIVE ASSEMBLY-2013 Regular Session

Enrolled
House Bill 3460

Sponsored by Representative BUCKLEY, Senator PROZANSKI; Representative FREDERICK, Senator DINGFELDER

CHAPTER

AN ACT

Relating to medical marijuana; creating new provisions; amending ORS 475.302, 475.304, 475.309, 475.320, 475.323 and 475.331; limiting expenditures; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2013 Act is added to and made a part of ORS 475.300 to 475.346.

SECTION 2. (1) The Oregon Health Authority shall establish by rule a medical marijuana facility registration system to authorize the transfer of usable marijuana and immature marijuana plants from:

(a) A registry identification cardholder, the designated primary caregiver of a registry identification cardholder, or a person responsible for a marijuana grow site to the medical marijuana facility; or

(b) A medical marijuana facility to a registry identification cardholder or the designated primary caregiver of a registry identification cardholder.

(2) The registration system established under subsection (1) of this section must require a medical marijuana facility to submit an application to the authority that includes:

(a) The name of the person responsible for the medical marijuana facility;

(b) The address of the medical marijuana facility;

(c) Proof that the person responsible for the medical marijuana facility is a resident of Oregon;

(d) Documentation, as required by the authority by rule, that demonstrates the medical marijuana facility meets the qualifications for a medical marijuana facility as described in subsection (3) of this section; and

(e) Any other information that the authority considers necessary.

(3) To qualify for registration under this section, a medical marijuana facility:

(a) Must be located in an area that is zoned for commercial, industrial or mixed use or as agricultural land and may not be located at the same address as a marijuana grow site;

(b) Must be registered as a business or have filed a pending application to register as a business with the Office of the Secretary of State;

(c) Must not be located within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors;

(d) Must not be located within 1,000 feet of another medical marijuana facility; and

(e) Must comport with rules adopted by the authority related to:

(A) Installing a minimum security system, including a video surveillance system, alarm system and safe; and

(B) Testing for pesticides, mold and mildew and the processes by which usable marijuana and immature marijuana plants that test positive for pesticides, mold or mildew must be returned to the registry identification cardholder, the cardholder's designated primary caregiver or the cardholder's registered grower.

(4)(a) The authority shall conduct a criminal records check under ORS 181.534 of a person whose name is submitted as the person responsible for a medical marijuana facility under subsection (2) of this section.

(b) A person convicted for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be the person responsible for a medical marijuana facility for five years from the date the person is convicted.

(c) A person convicted more than once for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be the person responsible for a medical marijuana facility.

(5) If a person submits the application required under subsection (2) of this section, the medical marijuana facility identified in the application meets the qualifications for a medical marijuana facility described in subsection (3) of this section and the person responsible for the medical marijuana facility passes the criminal records check required under subsection (4) of this section, the authority shall register the medical marijuana facility and issue the person responsible for the medical marijuana facility proof of registration. The person responsible for the medical marijuana facility shall display the proof of registration on the premises of the medical marijuana facility at all times when usable marijuana or immature marijuana plants are being transferred as described in subsection (1) of this section.

(6)(a) A registered medical marijuana facility may receive usable marijuana or immature marijuana plants only from a registry identification cardholder, designated primary caregiver or person responsible for a marijuana grow site if the registered medical marijuana facility obtains authorization, on a form prescribed by the authority by rule and signed by a registry identification cardholder, to receive the usable marijuana or immature marijuana plants.

(b) A registered medical marijuana facility shall maintain:

(A) A copy of each authorization form described in paragraph (a) of this subsection; and

(B) Documentation of each transfer of usable marijuana or immature marijuana plants.

(7) A medical marijuana facility registered under this section may possess usable marijuana and immature marijuana plants in excess of the limits imposed on registry identification cardholders and designated primary caregivers under ORS 475.320.

(8) The authority may inspect:

(a) The premises of an applicant for a medical marijuana facility or a registered medical marijuana facility to ensure compliance with the qualifications for a medical marijuana facility described in subsection (3) of this section; and

(b) The records of a registered medical marijuana facility to ensure compliance with subsection (6)(b) of this section.

(9)(a) A registry identification cardholder or the designated primary caregiver of a registry identification cardholder may reimburse a medical marijuana facility registered under this section for the normal and customary costs of doing business, including costs related to transferring, handling, securing, insuring, testing, packaging and processing usable marijuana and immature marijuana plants and the cost of supplies, utilities and rent or mortgage.

(b) A medical marijuana facility may reimburse a person responsible for a marijuana grow site under this section for the normal and customary costs of doing business, including costs related to transferring, handling, securing, insuring, testing, packaging and processing usable marijuana and immature marijuana plants and the cost of supplies, utilities and rent or mortgage.

(10) The authority may revoke the registration of a medical marijuana facility registered under this section for failure to comply with ORS 475.300 to 475.346 or rules adopted under ORS 475.300 to 475.346. The authority may release to the public a final order revoking a medical marijuana facility registration.

(11) The authority shall adopt rules to implement this section, including rules that:

(a) Require a medical marijuana facility registered under this section to annually renew that registration; and

(b) Establish fees for registering and renewing registration for a medical marijuana facility under this section.

SECTION 3. ORS 475.302 is amended to read:

475.302. As used in ORS 475.300 to 475.346:

(1) "Attending physician" means a physician licensed under ORS chapter 677 who has primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition.

(2) "Authority" means the Oregon Health Authority.

(3) "Debilitating medical condition" means:

(a) Cancer, glaucoma, agitation due to Alzheimer's disease, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or treatment for these conditions;

(b) A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:

(A) Cachexia;

(B) Severe pain;

(C) Severe nausea;

(D) Seizures, including but not limited to seizures caused by epilepsy; or

(E) Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis;

or

(c) Any other medical condition or treatment for a medical condition adopted by the authority by rule or approved by the authority pursuant to a petition submitted pursuant to ORS 475.334.

(4)(a) "Delivery" has the meaning given that term in ORS 475.005.

(b) "Delivery" does not include transfer of:

(A) Marijuana by a registry identification cardholder to another registry identification cardholder if no consideration is paid for the transfer[.];

(B) Usable marijuana or immature marijuana plants from a registry identification cardholder, the designated primary caregiver of a registry identification cardholder or a marijuana grow site to a medical marijuana facility registered under section 2 of this 2013 Act; or

(C) Usable marijuana or immature marijuana plants from a medical marijuana facility registered under section 2 of this 2013 Act to a registry identification cardholder or the designated primary caregiver of a registry identification cardholder.

(5) "Designated primary caregiver" means an individual 18 years of age or older who has significant responsibility for managing the well-being of a person who has been diagnosed with a debilitating medical condition and who is designated as such on that person's application for a registry identification card or in other written notification to the authority. "Designated primary caregiver" does not include the person's attending physician.

(6) "Marijuana" has the meaning given that term in ORS 475.005.

(7) "Marijuana grow site" means a location where marijuana is produced for use by a registry identification cardholder and that is registered under the provisions of ORS 475.304.

(8) "Medical use of marijuana" means the production, possession, delivery, or administration of marijuana, or paraphernalia used to administer marijuana, as necessary for the exclusive benefit of a person to mitigate the symptoms or effects of the person's debilitating medical condition.

(9) "Production" has the meaning given that term in ORS 475.005.

(10) "Registry identification card" means a document issued by the authority that identifies a person authorized to engage in the medical use of marijuana and the person's designated primary caregiver, if any.

(11) "Usable marijuana" means the dried leaves and flowers of the plant Cannabis family Moraceae, and any mixture or preparation thereof, that are appropriate for medical use as allowed in ORS 475.300 to 475.346. "Usable marijuana" does not include the seeds, stalks and roots of the plant.

(12) "Written documentation" means a statement signed by the attending physician of a person diagnosed with a debilitating medical condition or copies of the person's relevant medical records.

SECTION 4. ORS 475.304 is amended to read:

475.304. (1) The Oregon Health Authority shall establish by rule a marijuana grow site registration system to authorize production of marijuana by a registry identification cardholder, a designated primary caregiver who grows marijuana for the cardholder or a person who is responsible for a marijuana grow site. The marijuana grow site registration system adopted must require a registry identification cardholder to submit an application to the authority that includes:

- (a) The name of the person responsible for the marijuana grow site;
- (b) The address of the marijuana grow site;
- (c) The registry identification card number of the registry cardholder for whom the marijuana is being produced; and
- (d) Any other information the authority considers necessary.

(2) The authority shall issue a marijuana grow site registration card to a registry identification cardholder who has met the requirements of subsection (1) of this section.

(3) A person who has been issued a marijuana grow site registration card under this section must display the registration card at the marijuana grow site at all times when marijuana is being produced.

(4) A marijuana grow site registration card must be obtained and posted for each registry identification cardholder for whom marijuana is being produced at a marijuana grow site.

(5) All usable marijuana, plants, seedlings and seeds associated with the production of marijuana for a registry identification cardholder by a person responsible for a marijuana grow site are the property of the registry identification cardholder and must be provided to the registry identification cardholder, **or, if the marijuana is usable marijuana or an immature marijuana plant, transferred to a medical marijuana facility registered under section 2 of this 2013 Act**, upon request.

(6)(a) The authority shall conduct a criminal records check under ORS 181.534 of any person whose name is submitted as a person responsible for a marijuana grow site.

(b) A person convicted of a Class A or Class B felony under ORS 475.752 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder for five years from the date of conviction.

(c) A person convicted more than once of a Class A or Class B felony under ORS 475.752 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder.

(7) A registry identification cardholder or the designated primary caregiver of the cardholder may reimburse the person responsible for a marijuana grow site for the costs of supplies and utilities associated with the production of marijuana for the registry identification cardholder. No other costs associated with the production of marijuana for the registry identification cardholder, including the cost of labor, may be reimbursed.

(8) The authority may adopt rules imposing a fee in an amount established by the authority for registration of a marijuana grow site under this section.

SECTION 5. ORS 475.309 is amended to read:

475.309. (1) Except as provided in ORS 475.316, 475.320 and 475.342, a person engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element if the following conditions have been satisfied:

(a)(A) The person holds a registry identification card issued pursuant to this section, has applied for a registry identification card pursuant to subsection (9) of this section, is the designated primary caregiver of the cardholder or applicant, or is the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304; and

[(b)] (B) The person who has a debilitating medical condition, the person's primary caregiver and the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304 are collectively in possession of, delivering or producing marijuana for medical use in amounts allowed under ORS 475.320[.]; or

(b) The person is responsible for or employed by a medical marijuana facility registered under section 2 of this 2013 Act and does not commit any of the acts described in this subsection anywhere other than at the medical marijuana facility.

(2) The Oregon Health Authority shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of this section. Except as provided in subsection (3) of this section, the authority shall issue a registry identification card to any person who pays a fee in the amount established by the authority and provides the following:

(a) Valid, written documentation from the person's attending physician stating that the person has been diagnosed with a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition;

(b) The name, address and date of birth of the person;

(c) The name, address and telephone number of the person's attending physician;

(d) The name and address of the person's designated primary caregiver, if the person has designated a primary caregiver at the time of application; and

(e) A written statement that indicates whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location.

(3) The authority shall issue a registry identification card to a person who is under 18 years of age if the person submits the materials required under subsection (2) of this section, and the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement that:

(a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;

(b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;

(c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and

(d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.

(4) A person applying for a registry identification card pursuant to this section may submit the information required in this section to a county health department for transmittal to the authority. A county health department that receives the information pursuant to this subsection shall transmit the information to the authority within five days of receipt of the information. Information received by a county health department pursuant to this subsection shall be confidential and not subject to disclosure, except as required to transmit the information to the authority.

(5)(a) The authority shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within thirty days of receipt of the application.

(b) In addition to the authority granted to the authority under ORS 475.316 to deny an application, the authority may deny an application for the following reasons:

(A) The applicant did not provide the information required pursuant to this section to establish the applicant's debilitating medical condition and to document the applicant's consultation with an attending physician regarding the medical use of marijuana in connection with such condition, as provided in subsections (2) and (3) of this section;

(B) The authority determines that the information provided was falsified; or

(C) The applicant has been prohibited by a court order from obtaining a registry identification card.

(c) Denial of a registry identification card shall be considered a final authority action, subject to judicial review. Only the person whose application has been denied, or, in the case of a person under the age of 18 years of age whose application has been denied, the person's parent or legal guardian, shall have standing to contest the authority's action.

(d) Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the authority or a court of competent jurisdiction.

(6)(a) If the authority has verified the information submitted pursuant to subsections (2) and (3) of this section and none of the reasons for denial listed in subsection (5)(b) of this section is applicable, the authority shall issue a serially numbered registry identification card within five days of verification of the information. The registry identification card shall state:

(A) The cardholder's name, address and date of birth;

(B) The date of issuance and expiration date of the registry identification card;

(C) The name and address of the person's designated primary caregiver, if any;

(D) Whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location; and

(E) Any other information that the authority may specify by rule.

(b) When the person to whom the authority has issued a registry identification card pursuant to this section has specified a designated primary caregiver, the authority shall issue an identification card to the designated primary caregiver. The primary caregiver's registry identification card shall contain the information provided in paragraph (a) of this subsection.

(7)(a) A person who possesses a registry identification card shall:

(A) Notify the authority of any change in the person's name, address, attending physician or designated primary caregiver.

(B) If applicable, notify the designated primary caregiver of the cardholder, *[and]* the person responsible for the marijuana grow site that produces marijuana for the cardholder **and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under section 2 of this 2013 Act** of any change in status including, but not limited to:

(i) The assignment of another individual as the designated primary caregiver of the cardholder;

(ii) The assignment of another individual as the person responsible for a marijuana grow site producing marijuana for the cardholder; or

(iii) The end of the eligibility of the cardholder to hold a valid registry identification card.

(C) Annually submit to the authority:

(i) Updated written documentation from the cardholder's attending physician of the person's debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition; and

(ii) The name of the person's designated primary caregiver if a primary caregiver has been designated for the upcoming year.

(b) If a person who possesses a registry identification card fails to comply with this subsection, the card shall be deemed expired. If a registry identification card expires, the identification card of any designated primary caregiver of the cardholder shall also expire.

(8)(a) A person who possesses a registry identification card pursuant to this section and who has been diagnosed by the person's attending physician as no longer having a debilitating medical condition or whose attending physician has determined that the medical use of marijuana is contraindicated for the person's debilitating medical condition shall return the registry identification card and any other associated Oregon Medical Marijuana Program cards to the authority within 30 calendar days of notification of the diagnosis or notification of the contraindication.

(b) If, due to circumstances beyond the control of the registry identification cardholder, a cardholder is unable to obtain a second medical opinion about the cardholder's continuing eligibility to use medical marijuana before the 30-day period specified in paragraph (a) of this subsection has expired, the authority may grant the cardholder additional time to obtain a second opinion before requiring the cardholder to return the registry identification card and any associated cards.

(9) A person who has applied for a registry identification card pursuant to this section but whose application has not yet been approved or denied, and who is contacted by any law enforcement officer in connection with the person's administration, possession, delivery or production of marijuana for medical use may provide to the law enforcement officer a copy of the written documentation submitted to the authority pursuant to subsection (2) or (3) of this section and proof of the date of mailing or other transmission of the documentation to the authority. This documentation shall have the same legal effect as a registry identification card until such time as the person receives notification that the application has been approved or denied.

(10)(a) A registry identification cardholder has the primary responsibility of notifying the **designated** primary caregiver [*and*], the person responsible for the marijuana grow site that produces marijuana for the cardholder **and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under section 2 of this 2013 Act** of any change in status of the cardholder.

(b) If the authority is notified by the cardholder that a primary caregiver or person responsible for a marijuana grow site has changed, the authority shall notify the primary caregiver or the person responsible for the marijuana grow site by mail at the address of record confirming the change in status and informing the caregiver or person **responsible for the marijuana grow site** that their card is no longer valid and must be returned to the authority.

(11) The authority shall revoke the registry identification card of a cardholder if a court has issued an order that prohibits the cardholder from participating in the medical use of marijuana or otherwise participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346. The cardholder shall return the registry identification card to the authority within seven calendar days of notification of the revocation. If the cardholder is a patient, the patient shall return the patient's card and all other associated Oregon Medical Marijuana Program cards.

(12) **The authority shall revoke the registration of a medical marijuana facility registered under section 2 of this 2013 Act if a court has issued an order that prohibits the person responsible for the medical marijuana facility from participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346.**

[(12)] (13) The authority and employees and agents of the authority acting within the course and scope of their employment are immune from any civil liability that might be incurred or imposed for the performance of or failure to perform duties required by this section.

SECTION 6. ORS 475.320 is amended to read:

475.320. (1)(a) A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants and 24 ounces of usable marijuana.

(b) Notwithstanding paragraph (a) of this subsection, if a registry identification cardholder has been convicted of a Class A or Class B felony under ORS 475.752 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II, the registry identification

cardholder or the designated primary caregiver of the cardholder may possess one ounce of usable marijuana at any given time for a period of five years from the date of the conviction.

(2) A person authorized under ORS 475.304 to produce marijuana at a marijuana grow site:

(a) May produce marijuana for and provide marijuana:

(A) To a registry identification cardholder or [*that person's*] a **cardholder's** designated primary caregiver as authorized under this section[.]; or

(B) **If the marijuana is usable marijuana or an immature marijuana plant and the registry identification cardholder authorizes the person responsible for the marijuana grow site to transfer the usable marijuana or immature marijuana plant to a medical marijuana facility registered under section 2 of this 2013 Act, to the medical marijuana facility.**

(b) May possess up to six mature plants and up to 24 ounces of usable marijuana for each cardholder or caregiver for whom marijuana is being produced.

(c) May produce marijuana for no more than four registry identification cardholders or designated primary caregivers concurrently.

(d) Must obtain and display a marijuana grow site registration card issued under ORS 475.304 for each registry identification cardholder or designated primary caregiver for whom marijuana is being produced.

(e) Must provide all marijuana produced for a registry identification cardholder or designated primary caregiver to the cardholder or caregiver at the time the person responsible for a marijuana grow site ceases producing marijuana for the cardholder or caregiver.

(f) Must return the marijuana grow site registration card to the registry identification cardholder to whom the card was issued when requested to do so by the cardholder or when the person responsible for a marijuana grow site ceases producing marijuana for the cardholder or caregiver.

(3) Except as provided in subsections (1) and (2) of this section, a registry identification cardholder, the designated primary caregiver of the cardholder and the person responsible for a marijuana grow site producing marijuana for the registry identification cardholder may possess a combined total of up to six mature plants and 24 ounces of usable marijuana for that registry identification cardholder.

(4)(a) A registry identification cardholder and the designated primary caregiver of the cardholder may possess a combined total of up to 18 marijuana seedlings or starts as defined by rule of the Oregon Health Authority.

(b) A person responsible for a marijuana grow site may possess up to 18 marijuana seedlings or starts as defined by rule of the authority for each registry identification cardholder for whom the person responsible for the marijuana grow site is producing marijuana.

SECTION 7. ORS 475.323 is amended to read:

475.323. (1) Possession of a registry identification card [*or*], designated primary caregiver identification card pursuant to ORS 475.309 **or proof of registration as a medical marijuana facility under section 2 of this 2013 Act** does not alone constitute probable cause to search the person or property of the cardholder or otherwise subject the person or property of the cardholder to inspection by any governmental agency. **However, the Oregon Health Authority may inspect a medical marijuana facility registered under section 2 of this 2013 Act at any reasonable time to determine whether the facility is in compliance with ORS 475.300 to 475.346.**

(2) Any property interest possessed, owned or used in connection with the medical use of marijuana or acts incidental to the medical use of marijuana that has been seized by state or local law enforcement officers may not be harmed, neglected, injured or destroyed while in the possession of any law enforcement agency. A law enforcement agency has no responsibility to maintain live marijuana plants lawfully seized. No such property interest may be forfeited under any provision of law providing for the forfeiture of property other than as a sentence imposed after conviction of a criminal offense. Usable marijuana and paraphernalia used to administer marijuana that was seized by any law enforcement office shall be returned immediately upon a determination by the district attorney in whose county the property was seized, or the district attorney's designee, that the per-

son from whom the marijuana or paraphernalia used to administer marijuana was seized is entitled to the protections contained in ORS 475.300 to 475.346. The determination may be evidenced, for example, by a decision not to prosecute, the dismissal of charges or acquittal.

SECTION 8. ORS 475.331 is amended to read:

475.331. (1)(a) The Oregon Health Authority shall create and maintain a list of the persons to whom the authority has issued registry identification cards, the names of any designated primary *[caregivers and the addresses of authorized marijuana grow sites.] caregivers, the names of persons responsible for a medical marijuana facility registered under section 2 of this 2013 Act, the addresses of authorized marijuana grow sites and the addresses of registered medical marijuana facilities.* Except as provided in subsection (2) of this section, the list shall be confidential and not subject to public disclosure.

(b) The authority shall develop a system by which authorized employees of state and local law enforcement agencies may verify at all times that: *[a person is a lawful possessor of a registry identification card or the designated primary caregiver of a lawful possessor of a registry identification card or that a location is an authorized marijuana grow site.]*

(A) A person is a lawful possessor of a registry identification card;

(B) A person is the designated primary caregiver of a lawful possessor of a registry identification card;

(C) A location is an authorized marijuana grow site;

(D) A location is a registered medical marijuana facility; or

(E) A person is the person listed as the person responsible for a registered medical marijuana facility.

(2) Names and other identifying information from the list established pursuant to subsection (1) of this section may be released to:

(a) Authorized employees of the authority as necessary to perform official duties of the authority.; *and]*

(b) Authorized employees of state or local law enforcement agencies, **who provide to the authority adequate identification, such as a badge number or similar authentication of authority,** only as necessary to verify that: *[a person is a lawful possessor of a registry identification card or the designated primary caregiver of a lawful possessor of a registry identification card or that a location is an authorized marijuana grow site. Prior to being provided identifying information from the list, authorized employees of state or local law enforcement agencies shall provide to the authority adequate identification, such as a badge number or similar authentication of authority.]*

(A) A person is a lawful possessor of a registry identification card;

(B) A person is the designated primary caregiver of a lawful possessor of a registry identification card;

(C) A location is an authorized marijuana grow site;

(D) A location is a registered medical marijuana facility; or

(E) A person is the person listed as the person responsible for a registered medical marijuana facility.

(3) Authorized employees of state or local law enforcement agencies that obtain identifying information from the list as authorized under this section may not release or use the information for any purpose other than verification that: *[a person is a lawful possessor of a registry identification card or the designated primary caregiver of a lawful possessor of a registry identification card or that a location is an authorized marijuana grow site.]*

(a) A person is a lawful possessor of a registry identification card;

(b) A person is the designated primary caregiver of a lawful possessor of a registry identification card;

(c) A location is an authorized marijuana grow site;

(d) A location is a registered medical marijuana facility; or

(e) A person is the person listed as the person responsible for a registered medical marijuana facility.

SECTION 9. (1) Sections 1 and 2 of this 2013 Act and the amendments to ORS 475.302, 475.304, 475.309, 475.320, 475.323 and 475.331 by sections 3 to 8 of this 2013 Act become operative on March 1, 2014.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by sections 1 and 2 of this 2013 Act and the amendments to ORS 475.302, 475.304, 475.309, 475.320, 475.323 and 475.331 by sections 3 to 8 of this 2013 Act.

SECTION 10. Notwithstanding any other law limiting expenditures, the amount of \$803,276 is established for the biennium beginning July 1, 2013, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Health Authority for administrative and operating expenses incurred in implementing section 2 of this 2013 Act and the amendments to ORS 475.302, 475.304, 475.309, 475.320, 475.323 and 475.331 by sections 3 to 8 of this 2013 Act.

SECTION 11. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by House June 24, 2013

Received by Governor:

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.....M.,....., 2013

Approved:

.....
Ramona J. Line, Chief Clerk of House

.....M.,....., 2013

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Tina Kotek, Speaker of House

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John Kitzhaber, Governor

Passed by Senate July 3, 2013

Filed in Office of Secretary of State:

.....M.,....., 2013

.....
Peter Courtney, President of Senate

.....
Kate Brown, Secretary of State



Drug harms in the UK: a multicriteria decision analysis

David J Nutt, Leslie A King, Lawrence D Phillips, on behalf of the Independent Scientific Committee on Drugs

Summary

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See Comment page 1524

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Background Proper assessment of the harms caused by the misuse of drugs can inform policy makers in health, policing, and social care. We aimed to apply multicriteria decision analysis (MCDA) modelling to a range of drug harms in the UK.

Method Members of the Independent Scientific Committee on Drugs, including two invited specialists, met in a 1-day interactive workshop to score 20 drugs on 16 criteria: nine related to the harms that a drug produces in the individual and seven to the harms to others. Drugs were scored out of 100 points, and the criteria were weighted to indicate their relative importance.

Findings MCDA modelling showed that heroin, crack cocaine, and metamfetamine were the most harmful drugs to individuals (part scores 34, 37, and 32, respectively), whereas alcohol, heroin, and crack cocaine were the most harmful to others (46, 21, and 17, respectively). Overall, alcohol was the most harmful drug (overall harm score 72), with heroin (55) and crack cocaine (54) in second and third places.

Interpretation These findings lend support to previous work assessing drug harms, and show how the improved scoring and weighting approach of MCDA increases the differentiation between the most and least harmful drugs. However, the findings correlate poorly with present UK drug classification, which is not based simply on considerations of harm.

Funding Centre for Crime and Justice Studies (UK).

Introduction

Drugs including alcohol and tobacco products are a major cause of harms to individuals and society. For this reason, some drugs are scheduled under the United Nations 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances. These controls are represented in UK domestic legislation by the 1971 Misuse of Drugs Act (as amended). Other drugs, notably alcohol and tobacco, are regulated by taxation, sales, and restrictions on the age of purchase. Newly available drugs such as mephedrone (4-methylmethcathinone) have recently been made illegal in the UK on the basis of concerns about their harms, and the law on other drugs, particularly cannabis, has been toughened because of similar concerns.

To provide better guidance to policy makers in health, policing, and social care, the harms that drugs cause need to be properly assessed. This task is not easy because of the wide range of ways in which drugs can cause harm. An attempt to do this assessment engaged experts to score each drug according to nine criteria of harm, ranging from the intrinsic harms of the drugs to social and health-care costs.¹ This analysis provoked major interest and public debate, although it raised concerns about the choice of the nine criteria and the absence of any differential weighting of them.²

To rectify these drawbacks we undertook a review of drug harms with the multicriteria decision analysis (MCDA) approach.³ This technology has been used successfully to lend support to decision makers facing complex issues characterised by many, conflicting objectives—eg, appraisal of policies for disposal of

nuclear waste.⁴ In June, 2010, we developed the multicriteria model during a decision conference,⁵ which is a facilitated workshop attended by key players, experts, and specialists who work together to create the model and provide the data and judgment inputs.

Methods

Study design

The analysis was undertaken in a two-stage process. The choice of harm criteria was made during a special meeting in 2009 of the UK Advisory Council on the Misuse of Drugs (ACMD), which was convened for this purpose. At this meeting, from first principles and with the MCDA approach, members identified 16 harm criteria (figure 1). Nine relate to the harms that a drug produces in the individual and seven to the harms to others both in the UK and overseas. These harms are clustered into five subgroups representing physical, psychological, and social harms. The extent of individual harm is shown by the criteria listed as to users, whereas most criteria listed as to others take account indirectly of the numbers of users. An ACMD report explains the process of developing this model.⁶

In June, 2010, a meeting under the auspices of the Independent Scientific Committee on Drugs (ISCD)—a new organisation of drug experts independent of government interference—was convened to develop the MCDA model and assess scores for 20 representative drugs that are relevant to the UK and which span the range of potential harms and extent of use. The expert group was formed from the ISCD expert committee plus two external experts with specialist knowledge of

legal highs (webappendix). Their experience was extensive, spanning both personal and social aspects of drug harm, and many had substantial research expertise in addiction. All provided independent advice and no conflicts of interest were declared. The meeting's facilitator was an independent specialist in decision analysis modelling. He applied methods and techniques that enable groups to work effectively as a team, enhancing their capability to perform,⁷ thereby improving the accuracy of individual judgments. The group scored each drug on each harm criterion in an open discussion and then assessed the relative importance of the criteria within each cluster and across clusters. They also reviewed the criteria and the definitions developed by the ACMD. This method resulted in a common unit of harm across all the criteria, from which a new analysis of relative drugs harms was achieved. Very slight revisions of the definitions were adopted, and panel 1 shows the final version.

Scoring of the drugs on the criteria

Drugs were scored with points out of 100, with 100 assigned to the most harmful drug on a specific criterion. Zero indicated no harm. Weighting subsequently compares the drugs that scored 100 across all the criteria, thereby expressing the judgment that some drugs scoring 100 are more harmful than others.

In scaling of the drugs, care is needed to ensure that each successive point on the scale represents equal increments of harm. Thus, if a drug is scored at 50, then it should be half as harmful as the drug that scored 100. Because zero represents no harm, this scale can be regarded as a ratio scale, which helps with interpretation of weighted averages of several scales. The group scored the drugs on all the criteria during the decision conference.

Consistency checking is an essential part of proper scoring, since it helps to minimise bias in the scores and encourages realism in scoring. Even more important is the discussion of the group, since scores are often changed from those originally suggested as participants share their different experiences and revise their views. Both during scoring and after all drugs have been scored on a criterion, it is important to look at the relativities of the scores to see whether there are any obvious discrepancies.

Weighting of the criteria

Some criteria are more important expressions of harm than are others. More precision is needed, within the context of MCDA, to enable the assessment of weights on the criteria. To ensure that assessed weights are meaningful, the concept of swing weighting is applied. The purpose of weighting in MCDA is to ensure that the units of harm on the different preference scales are equivalent, thus enabling weighted scores to be compared and combined across the criteria. Weights are, essentially, scale factors.

MCDA distinguishes between facts and value judgments about the facts. On the one hand, harm

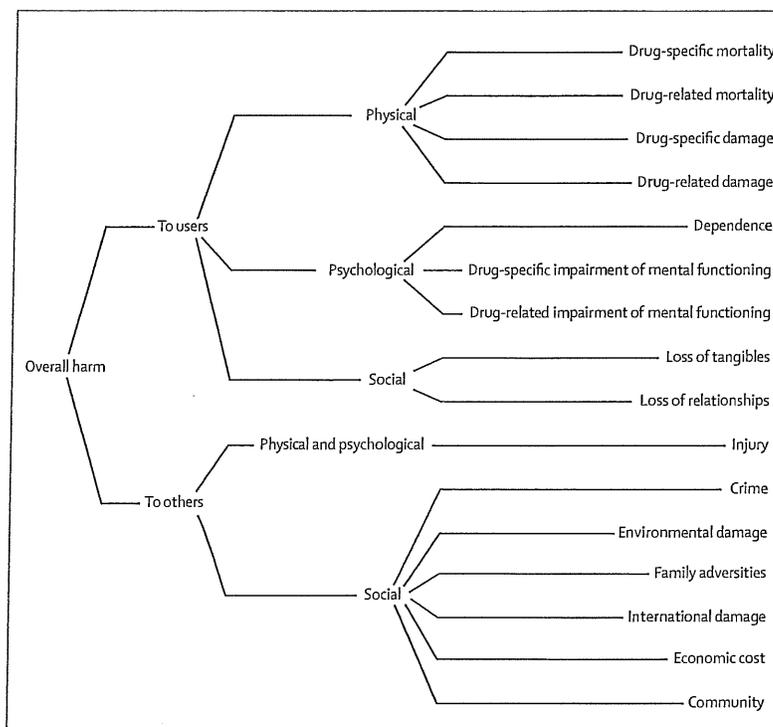


Figure 1: Evaluation criteria organised by harms to users and harms to others, and clustered under physical, psychological, and social effects

expresses a level of damage. Value, on the other hand, indicates how much that level of damage matters in a particular context. Because context can affect assessments of value, one set of criterion weights for a particular context might not be satisfactory for decision making in another context. It follows then, that two stages have to be considered. First, the added harm going from no harm to the level of harm represented by a score of 100 should be considered—ie, a straightforward assessment of a difference in harm. The next step is to think about how much that difference in harm matters in a specific context. The question posed to the group in comparing the swing in harm from 0 to 100 on one scale with the swing from 0 to 100 on another scale was: "How big is the difference in harm and how much do you care about that difference?"

During the decision conference participants assessed weights within each cluster of criteria. The criterion within a cluster judged to be associated with the largest swing weight was assigned an arbitrary score of 100. Then, each swing on the remaining criteria in the cluster was judged by the group compared with the 100 score, in terms of a ratio. For example, in the cluster of four criteria under the category physical harm to users, the swing weight for drug-related mortality was judged to be the largest difference of the four, so it was given a weight of 100. The group judged the next largest swing in harm to be in drug-specific

See Online for webappendix

Panel 1: Evaluation criteria and their definitions**Drug-specific mortality**

Intrinsic lethality of the drug expressed as ratio of lethal dose and standard dose (for adults)

Drug-related mortality

The extent to which life is shortened by the use of the drug (excludes drug-specific mortality)—eg, road traffic accidents, lung cancers, HIV, suicide

Drug-specific damage

Drug-specific damage to physical health—eg, cirrhosis, seizures, strokes, cardiomyopathy, stomach ulcers

Drug-related damage

Drug-related damage to physical health, including consequences of, for example, sexual unwanted activities and self-harm, blood-borne viruses, emphysema, and damage from cutting agents

Dependence

The extent to which a drug creates a propensity or urge to continue to use despite adverse consequences (ICD 10 or DSM IV)

Drug-specific impairment of mental functioning

Drug-specific impairment of mental functioning—eg, amphetamine-induced psychosis, ketamine intoxication

Drug-related impairment of mental functioning

Drug-related impairment of mental functioning—eg, mood disorders secondary to drug-user's lifestyle or drug use

Loss of tangibles

Extent of loss of tangible things (eg, income, housing, job, educational achievements, criminal record, imprisonment)

Loss of relationships

Extent of loss of relationship with family and friends

Injury

Extent to which the use of a drug increases the chance of injuries to others both directly and indirectly—eg, violence (including domestic violence), traffic accident, fetal harm, drug waste, secondary transmission of blood-borne viruses

(Continues in next column)

(Continued from previous column)

Crime

Extent to which the use of a drug involves or leads to an increase in volume of acquisitive crime (beyond the use-of-drug act) directly or indirectly (at the population level, not the individual level)

Environmental damage

Extent to which the use and production of a drug causes environmental damage locally—eg, toxic waste from amphetamine factories, discarded needles

Family adversities

Extent to which the use of a drug causes family adversities—eg, family breakdown, economic wellbeing, emotional wellbeing, future prospects of children, child neglect

International damage

Extent to which the use of a drug in the UK contributes to damage internationally—eg, deforestation, destabilisation of countries, international crime, new markets

Economic cost

Extent to which the use of a drug causes direct costs to the country (eg, health care, police, prisons, social services, customs, insurance, crime) and indirect costs (eg, loss of productivity, absenteeism)

Community

Extent to which the use of a drug creates decline in social cohesion and decline in the reputation of the community

ICD 10=International Classification of Diseases, tenth revision. DSM IV=Diagnostic and Statistical Manual of Mental Disorders, fourth revision.

final normalisation preserved the ratios of all weights, but ensured that the weights on the criteria summed to 1.0. The weighting process enabled harm scores to be combined within any grouping simply by adding their weighted scores. Dodgson and colleagues³ provide further guidance on swing weighting. Scores and weights were input to the Hiview computer program, which calculated the weighted scores, provided displays of the results, and enabled sensitivity analyses to be done.

Role of the funding source

The sponsor of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. All authors had full access to all the data in the study, and had final responsibility for the decision to submit for publication.

Results

Figure 1 shows the 16 identified harm criteria. Figure 2 shows the total harm score for all the drugs and the part-score contributions to the total from the subgroups of harms to users and harms to others. The most harmful drugs to users were heroin (part score 34), crack cocaine

mortality, which was 80% as great as for drug-related mortality, so it was given a weight of 80. Thus, the computer multiplied the scores for all the drugs on the drug-related mortality scale by 0.8, with the result that the weighted harm of heroin on this scale became 80 as compared with heroin's score of 100 on drug-specific mortality. Next, the 100-weighted swings in each cluster were compared with each other, with the most harmful drug on the most harmful criterion to users compared with the most harmful drug on the most harmful criterion to others. The result of assessing these weights was that the units of harm on all scales were equated. A

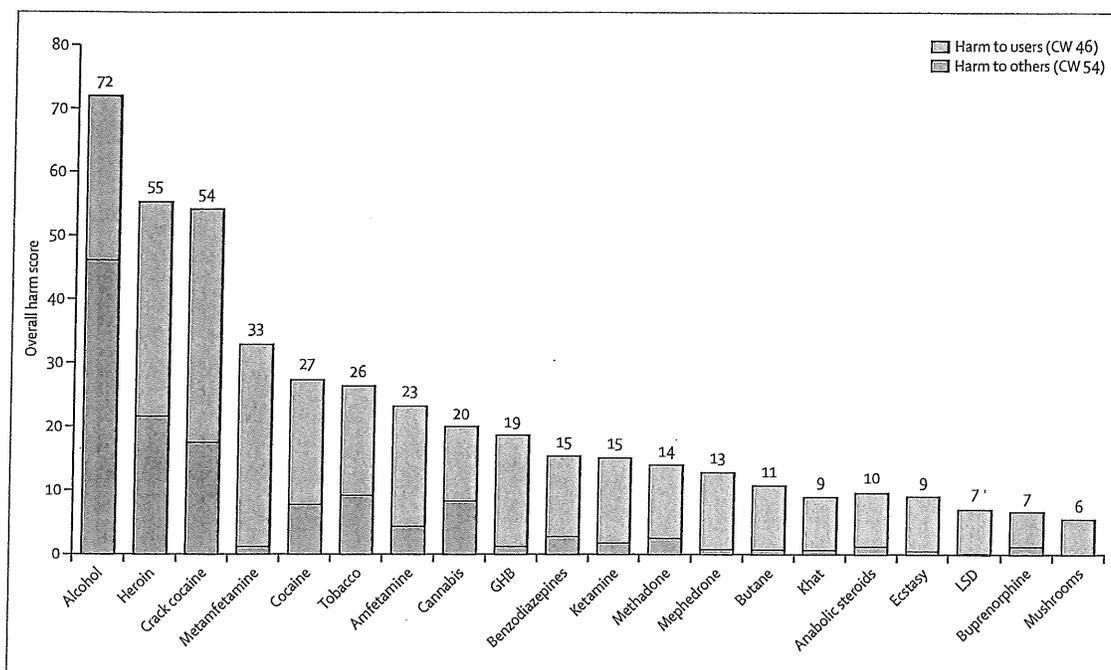


Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others. The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB= γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

(37), and metamfetamine (32), whereas the most harmful to others were alcohol (46), crack cocaine (17), and heroin (21). When the two part-scores were combined, alcohol was the most harmful drug followed by heroin and crack cocaine (figure 2).

Another instructive display is to look at the results separately for harm to users and to others, but in a two-dimensional graph so that the relative contribution to these two types of harm can be seen clearly (figure 3). The most harmful drug to others was alcohol by a wide margin, whereas the most harmful drug to users was crack cocaine followed closely by heroin. Metamfetamine was next most harmful to users, but it was of little comparative harm to others. All the remaining drugs were less harmful either to users or to others, or both, than were alcohol, heroin, and crack cocaine (figure 3). Because this display shows the two axes before weighting, a score on one cannot be compared with a score on the other, without knowing their relative scale constants.

Figure 4 shows the contributions that the part scores make on each criterion to the total score of each drug. Alcohol, with an overall score of 72, was judged to be most harmful, followed by heroin at 55, then crack cocaine with a score of 54. Only eight drugs scored, overall, 20 points or more. Drug-specific mortality was a substantial contributor to five of the drugs (alcohol, heroin, γ hydroxybutyric acid [GHB], methadone, and butane), whereas economic cost contributed heavily to alcohol, heroin, tobacco, and cannabis.

Discussion

The results from this MCDA analysis show the harms of a range of drugs in the UK. Our findings lend support to the conclusions of the earlier nine-criteria analysis undertaken by UK experts¹ and the output of the Dutch addiction medicine expert group.⁸ The Pearson correlation coefficient between Nutt and colleagues' 2007 study¹ and the new analysis presented here for the 15 drugs common to both studies is 0.70. One reason for a less-than-perfect correlation is that the scores from Nutt and colleagues' previous study were based on four-point ratings (0=no risk, 1=some risk, 2=moderate risk, and 3=extreme risk). The ISCD scoring process was based on 0–100 ratio scales, so they contain more information than the ratings do.

Throughout Nutt and colleagues' 2007 paper, harm and risk are used interchangeably, but in the ISCD work, risk was not considered because it is susceptible to varying interpretations. For example, the British Medical Association defines risk as the probability that something unpleasant will happen.⁹ Thus, assessors from Nutt and colleagues' 2007 work might have interpreted their rating task differently from the scoring task of the ISCD experts. Furthermore, in Nutt and co-workers' 2007 study, ratings were simply averaged across the nine criteria (called parameters in the report), three each for physical harm, dependence, and social harms, whereas differential weights were applied to the criteria in this ISCD study, as is shown in the key of

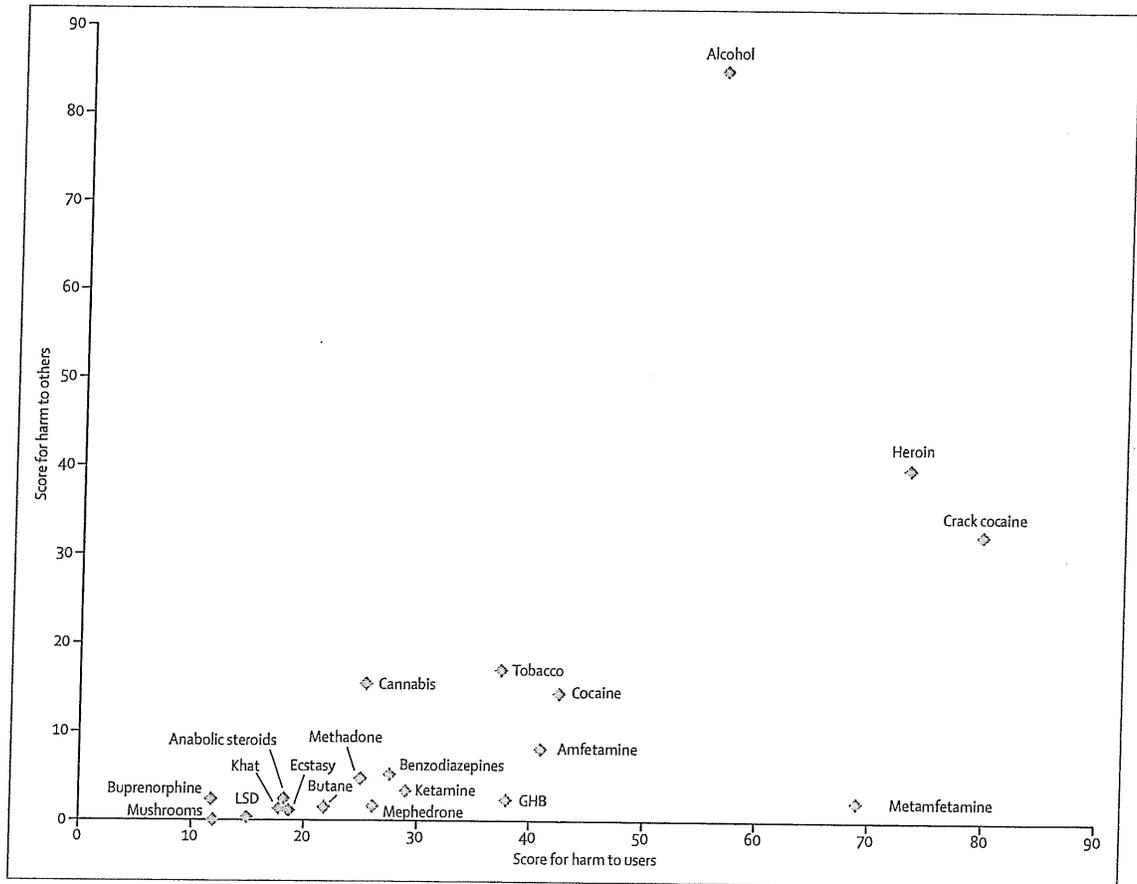


Figure 3: Drugs shown for their harm to users and harm to others
LSD=lysergic acid diethylamide. GHB= γ hydroxybutyric acid.

figure 4. Despite these many differences between the two studies, there is some degree of linear association between both sets of data.

The correlations between the Dutch addiction medicine expert group² and ISCD results are higher: 0.80 for individual total scores and 0.84 for population total scores. As with Nutt and colleagues' 2007 study, the Dutch experts applied four-point rating scales to 19 drugs. However, they used five criteria: acute toxicity, chronic toxicity, addictive potency, social harm at individual level, and social harm at population level. Simple averages produced two overall mean harm ratings, one each for individuals and for populations. The probable explanation for the greater correlation between the ISCD and Dutch data lies in the greater relative ranges of the overall results than in Nutt and co-workers' 2007 study. The highest and lowest overall harm scores in the ISCD study are 72 for alcohol and 5 for mushrooms, which is a ratio of about 14:1; whereas in Nutt and colleagues' study it was a ratio of just over 3:1, from 2.5 for heroin to 0.8 for khat. The highest and lowest scores for the Dutch individual ratings were 2.63 for crack cocaine and 0.40 for mushrooms, which is a ratio of 6.6:1; and for the population ratings 2.41 for crack cocaine and

0.31 for mushrooms, which is a ratio of 7.8:1. The ratio scaling in the ISCD study spanned a wider range, making the three most harmful drugs—alcohol, heroin, and crack cocaine—much more harmful relative to the other drugs than can be expressed with rating scales, so that additional information stretched the scatterplot in one dimension, making it seem more linear. Additionally, because the Dutch scale attributes only a quarter of the scores to social factors, whereas in the ISCD scoring these factors comprise nearly half of the scores (seven of 16 criteria), drugs such as alcohol which have a major effect will rank more highly in the ISCD analysis, with tobacco ranked lower because its harms are mainly personal.

The correlations between the ISCD overall scores and the present classification of drugs based on revisions to the UK Misuse of Drugs Act (1971) is 0.04, showing that there is effectively no relation. The ISCD scores lend support to the widely accepted view^{10,11} that alcohol is an extremely harmful drug, both to users and society; it scored fourth on harms to users and top for harms to society, making it the most harmful drug overall. Even in terms of toxic effects alone, Gable¹² has shown that, on the basis of a safety ratio, alcohol is more lethal than many

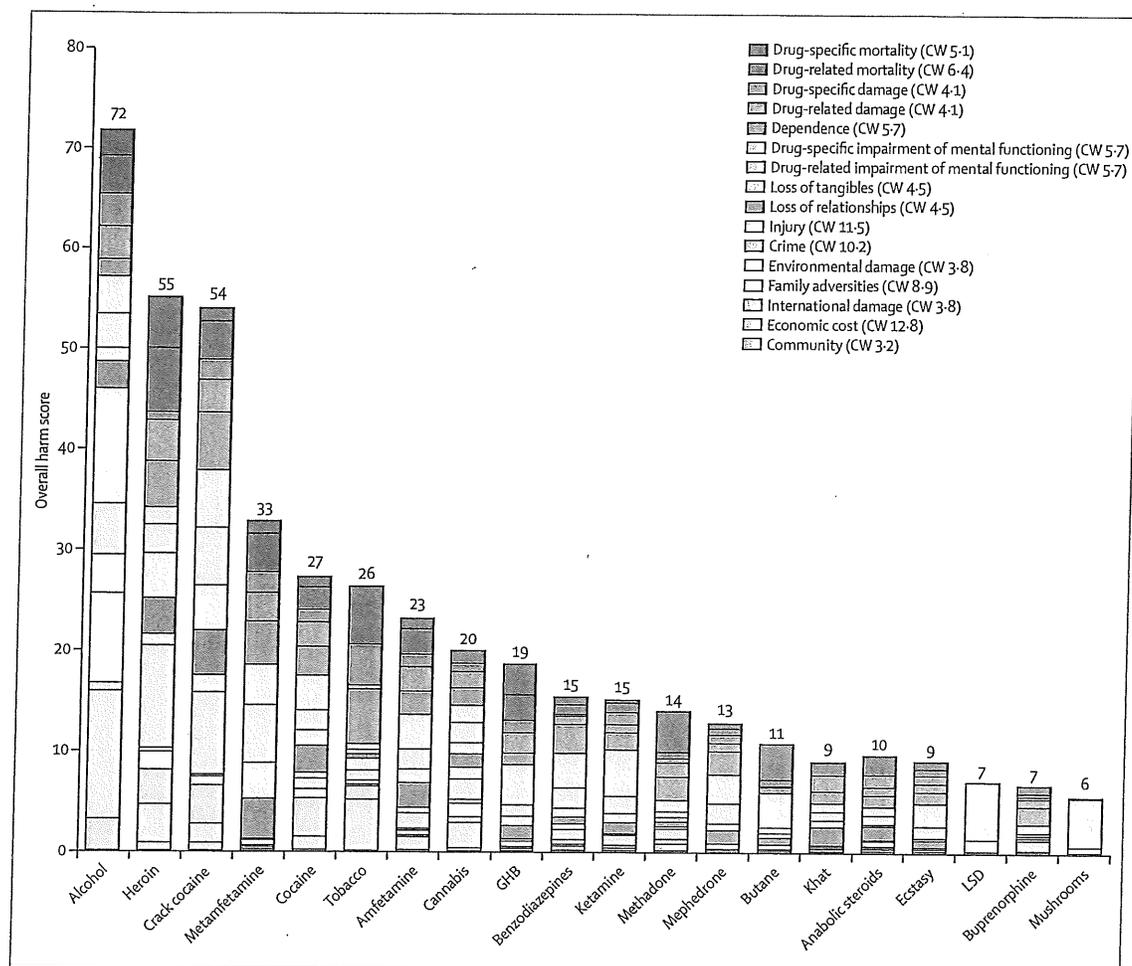


Figure 4: Overall weighted scores for each of the drugs

The coloured bars indicate the part scores for each of the criteria. The key shows the normalised weight for each criterion. A higher weight indicates a larger difference between the most harmful drug on the criterion and no harm. CW=cumulative weight. GHB= γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

illicit drugs, such as cannabis, lysergic acid diethylamide (LSD), and mushrooms.

The MCDA process provides a powerful means to deal with complex issues that drug misuse presents. The expert panel's scores within one criterion can be to some extent validated by reference to published work. For example, we compared the 12 substances in common between this study and those in Gable's study,¹² who for 20 substances identified a safety ratio—the ratio of an acute lethal dose to the dose commonly used for non-medical purposes. The \log_{10} of that ratio shows a correlation of 0.66 with the ISCD scores on the criterion drug-specific mortality, providing some evidence of validity of the ISCD input scores.

We also investigated drug-specific mortality estimates in studies of human beings.¹³ These estimates show a strong correlation with the group input scores: the mean fatality statistics from 2003 to 2007 for five substances (heroin, cocaine, amphetamines, MDMA/ecstasy, and

cannabis) show correlations with the ISCD lethality scores of 0.98 and 0.99, for which the substances recorded on the death certificates were among other mentions or sole mentions, respectively.

A comparison of the ICSD experts' ratings on the dependence criterion with lifetime dependence reported in the US survey by Anthony and co-workers¹⁴ showed a correlation of 0.95 for the five drugs—tobacco, alcohol, cannabis, cocaine, and heroin—that were investigated in both studies, showing the validity of the MCDA input scores for those substances.

Drug-specific and drug-related harms for some drugs can be estimated from health data and other data that show alcohol, heroin, and crack cocaine as having much larger effects than other drugs.¹⁵ Social harms are harder to ascertain, although estimates based on road traffic and other accidents at home, drug-related violence,¹⁶ and costs to economies in provider countries (eg, Colombia, Afghanistan, and Mexico)¹⁷ have been estimated. Police

Panel 2: Research in context**Systematic review**

We analysed the data obtained from a multicriteria decision analysis (MCDA) conference on drug harms. The harms were assessed according to a new set of 16 criteria developed by the Advisory Council on the Misuse of Drugs (the UK Government committee on drug misuse). A panel of drug-harm experts was convened to establish scores for 20 representative drugs that are relevant to the UK and which span the range of potential harms and extent of use. Participants scored the relative harms of each drug on each of 16 criteria, and then assessed criterion weights to ensure that units of harm were equivalent across all criteria. Calculation of weighted scores provided a composite score on two dimensions, harm to the individual and harm to society, and an overall weighted harm score.

Interpretation

These findings lend support to earlier work from both UK and Dutch expert committees on assessment of drug harms, and show how the improved scoring and weighting approach of MCDA increases the differentiation between the most and least harmful drugs. On the basis of these data it is clear that the present UK drug classification system is not simply based on considerations of harm.

records lend support to the effect of drug dealing on communities and of alcohol-related crime.¹⁸ However, data are not available for many of the criteria, so the expert group approach is the best we can provide. The many high correlations (of our overall results with those of the Dutch addiction medicine expert group, and of some of our input scores with objective data) provide some evidence of the validity of our results.

The issue of the weightings is crucial since they affect the overall scores. The weighting process is necessarily based on judgment, so it is best done by a group of experts working to consensus. Although the assessed weights can be made public, they cannot be cross-validated with objective data. However, the effect of varying the weightings can be explored in the computer program through sensitivity analysis. For example, we noted that it would be necessary to increase the weight on drug-specific mortality or on drug-related mortality by more than 15 of 100 points before heroin displaced alcohol in first position of overall harm. A similarly large change in the weight on drug-specific damage would be needed, from about 4% to slightly more than 70%, for tobacco to displace alcohol at first position. And an increase in the weight on harm to users from 46% to nearly 70% would be necessary for crack cocaine to achieve the overall most harmful position. Extensive sensitivity analyses on the weights showed that this model is very stable; large changes, or combinations of modest changes, are needed to drive substantial shifts in the overall rankings of the

drugs. Future work will explore these weightings with use of other groups—both expert panels and those from the general public.

Limitations of this approach include the fact that we scored only harms. All drugs have some benefits to the user, at least initially, otherwise they would not be used, but this effect might attenuate over time with tolerance and withdrawal. Some drugs such as alcohol and tobacco have commercial benefits to society in terms of providing work and tax, which to some extent offset the harms and, although less easy to measure, is also true of production and dealing in illegal drugs.¹⁹ Many of the harms of drugs are affected by their availability and legal status, which varies across countries, so our results are not necessarily applicable to countries with very different legal and cultural attitudes to drugs. Ideally, a model needs to distinguish between the harms resulting directly from drug use and those resulting from the control system for that drug. Furthermore, they do not relate to drugs when used for prescription purposes. Other issues to explore further include building into the model an assessment of polydrug use, and the effect of different routes of ingestion, patterns of use, and context.²⁰ Finally, we should note that a low score in our assessment does not mean the drug is not harmful, since all drugs can be harmful under specific circumstances.

In conclusion, we have used MCDA to analyse the harms of a range of drugs in relation to the UK (panel 2). Our findings lend support to previous work in the UK and the Netherlands, confirming that the present drug classification systems have little relation to the evidence of harm. They also accord with the conclusions of previous expert reports^{11,18} that aggressively targeting alcohol harms is a valid and necessary public health strategy.

Contributors

DJN designed and participated in the study. LAK participated in the study. LDP participated in the running of the study and analysed data. All authors wrote the report and responded to referees' comments.

Conflicts of interest

DJN and LAK received travel expenses to attend the decision conference meeting. LAK is a consultant to the Department of Health and the EMCDDA. LDP is a director of Facilitations Limited, which paid him a consulting fee because it was the company engaged by the Centre for Crime and Justice Studies to run the study and analyse the data.

Acknowledgments

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PAUL WILCOX
2/25/15

Exhibit C-2

3/10/15 Council Mtg. – Item #5

I have been following the planning commission's activities online for the last few months, and it appears to me that one of the goals has been to reduce or eliminate impediments to development or business. However, in the case of this particular type of business, the commission is putting up roadblocks, not just figuratively but actual physical lines that cannot be crossed.

Issues brought before the planning commission usually involve three parties before reaching final resolution, the applicant, the planning commission, and final approval by the city council. City staff may provide research and recommendations, but are not directly involved in the final decision. In the case of enhanced restrictions on the locating of medical marijuana dispensaries, there was no specific applicant that I am aware of. The source appears to be the Council itself, as indicated in this Council communication quote by Mayor Daoust at the Dec. 9, 2014 regular Council meeting. This is taken verbatim from the video recording and differs somewhat from the published meeting minutes.

INSERT QUOTE: "Some people recently read in the paper today that there's some partners looking at obtaining a business license and looking into leasing the Marco Polo storefront for a medical marijuana store. We're going to be working on code amendments. That goes to the planning commission first, so the planning commission will deal with some code amendments, one of which may be a thousand feet from parks, you know, those kind of things, and Mayor's Square is a park. And then if we come to the City Council before the moratorium is lifted in May. So we have a series of processes that we need to go through before that could be approved and go forward, and I know some of the business owners, as the woman that came tonight, are very concerned about that, and we hear them."

The commission is proposing that medical marijuana dispensaries be restricted to the GC, LI, and GI zones, although additional zones are allowed by the state according to the staff report. MMDs have apparently been excluded from the CBD as a result of the parks distance limitation, not the state-mandated school distance limitation. There has also been new language added recently, which applies the 1,000 foot buffer to "public spaces" as well. Since the restrictions specify that MMDs must be a certain distance from parks and public spaces, it seems reasonable to expect that "park" and "public space" should be defined in the development code. I find neither. As an example of why "park" needs to be defined, I would offer the example of Mill Ends Park in Portland. For anyone not familiar with Mill Ends Park, it's known as the smallest park in the world, and is essentially a concrete planter in the median of Naito Parkway on the Portland waterfront. It is a legal and official city of Portland park. As far as the definition of "public space", I have no idea what is meant by that. The term could apply to smokers gathered on the sidewalk in front of Plaid Pantry or riders waiting at a bus stop. Also, if "public space" is being used to expand the area of restriction still further beyond schools and parks, there should be a corresponding map provided by the Planning Dept., and of course,

these public spaces would have to be identified. If the concern is that Mayor's Square might not be classified as a park, I don't think that's a problem. It is listed officially as a park with the Parks Dept. I'd also point out that there happens to be an existing MMD at Powell and 162nd in Portland, practically at the entrance to Powell Butte Nature Preserve, so obviously Portland didn't institute a parks buffer zone.

The restrictions on MMDs also include requiring that they be "conditional" uses, which is defined as "All uses permitted conditionally are in possession of unique and special characteristics as to make impractical their being permitted outright." It seems to me that there should be an obligation to explain and describe why a particular use request would have that restriction applied. Child care and kindergartens are conditional uses in three of the industrial zones. It's hard to imagine what the potential negative impacts of those would be in those areas.

I assume that the CBD has been ruled out on the basis of the fact that Mayor's Square, a public park, is in the heart of that zone. There has not been sufficient explanation as to why the state-mandated 1,000 feet from primary and secondary schools is not adequately restrictive. The planning code, in some cases, gets quite specific as to what businesses are permitted in the CBD, and does include pharmacies. How would the commission differentiate a MMD from a traditional pharmacy, or an herbal shop? Both pharmacies and MMDs require a physician's referral or prescription, and MM requires a \$200.00 application fee in addition to obtaining a medical marijuana patient ID card. For those not familiar with the conditions approved by the Oregon Health Authority to be treated with medical marijuana, the list is the following:

Any documented and diagnosed condition that causes:

Severe pain, severe nausea, muscle spasms

Any of the following conditions:

Glaucoma, cancer, HIV/AIDS, Alzheimer's, Multiple Sclerosis, Parkinson's, Movement disorders, Cachexia (wasting syndrome), Seizures, Epilepsy, Fibromyalgia, Degenerative Disc Disease, PTSD

I would also point out that the Oregon Pharmacy Board has reclassified marijuana as a Schedule II controlled substance, although it remains Schedule I under Federal regulations.

Other businesses expressly permitted in the CBD are taverns, restaurants serving alcohol, and gun shops. There is also a catch-all phrase, expressed as "Personal service, but not limited to". I assume that the tattoo and body piercing parlor would fall into this general category. I'd like to point out that in the past tattoo parlors were only found in the part of town where sailors on

shore leave congregated, but now are completely mainstream. It sometimes seems that a non-tattooed young person is the exception in Portland.

How does a medical marijuana customer pose a public threat by stopping by to purchase medical marijuana to address the symptoms of any of the various medical conditions that medical marijuana has been demonstrated to alleviate? Can one realistically argue that these patients would be more likely to disturb park visitors than a potentially inebriated patron of a local tavern or restaurant where alcohol is being served? For those concerned with the "mood-altering" effects of marijuana, the product would not be consumed onsite, whereas alcohol is being consumed at adjacent businesses. As far as which product is more likely to result in disruptive behavior, I would share my wife's experience while working as the director at a women's center. One of the main issues they were dealing with was domestic violence, so much so that they had "safe houses". She cannot recall a single instance that involved marijuana use, but rather that more often than not alcohol was a contributing factor. I would invite you to ask your local law enforcement officials, Chief Anderson and Sheriff Staton, what their experience has been with domestic disturbance calls. One local resident expressed at a previous meeting that she would be disinclined to shop downtown if a medical marijuana dispensary set up shop. I might feel the same way if a permitted use gun shop were opened. That doesn't mean that I would oppose that gun shop owner's right to locate there. Likewise, I'm not arguing that because there are already businesses downtown that some might find objectionable or disapprove of that it's ok to have one more. What I object to is individuals trying to prohibit a particular business because they don't approve of the product being sold. As for a MMD locating in the CBD, since Troutdale's business district is so small, I would prefer businesses that have more widespread appeal because space is so limited. However, if a business person were convinced they could be financially successful at it, I would have no objections whatsoever to their locating there. Maybe there's more of a demand than I'm aware of. Keep in mind that this ordinance is strictly related to MMDs, which are overseen by the Oregon Health Authority. The OLCC might introduce more restrictive limitations on where recreational marijuana retailers may locate, but that's yet to be determined, and should be established on a statewide basis, not city by city.

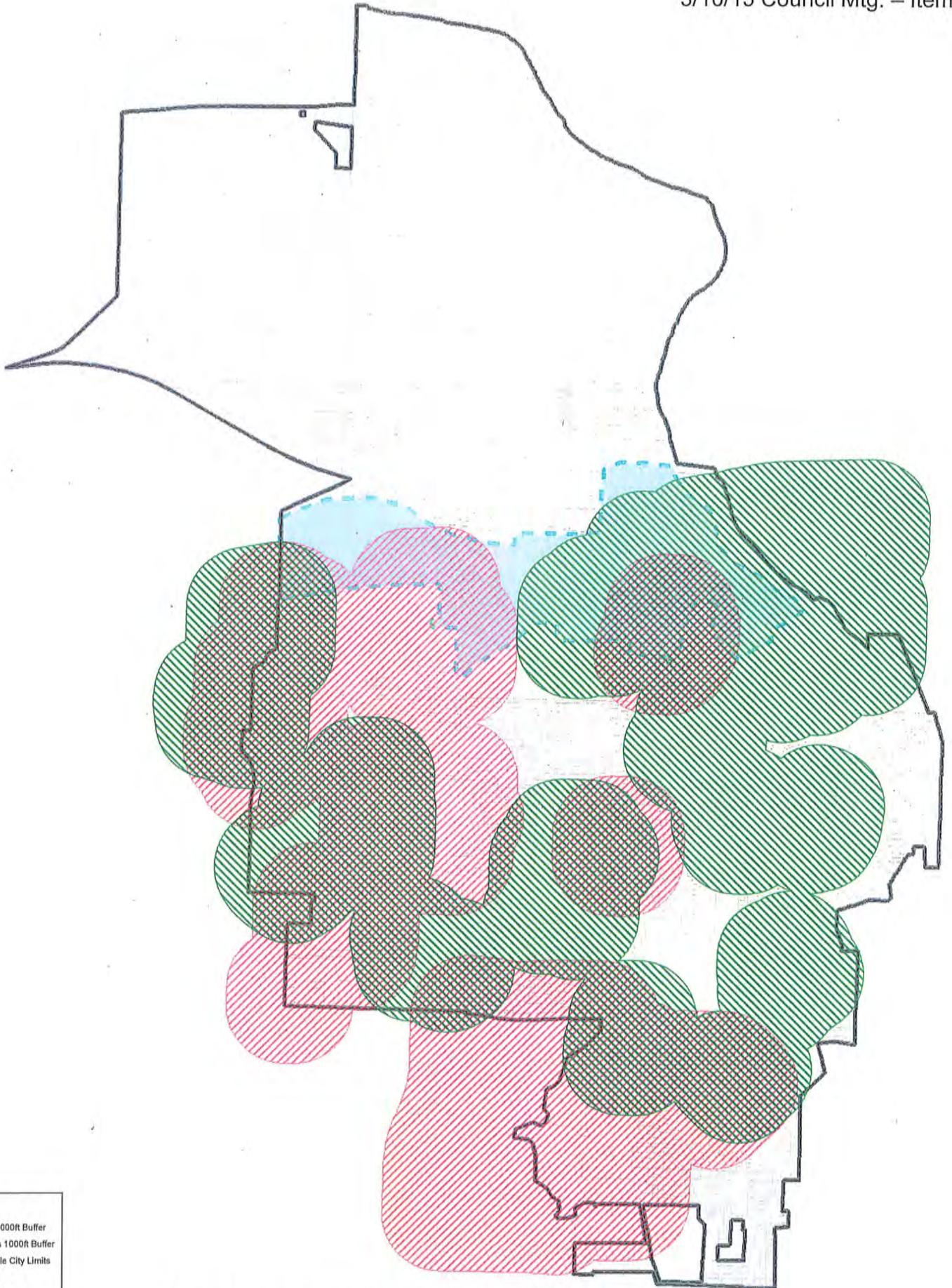
It appears to me that the city council has put the planning commission in a somewhat awkward position by "suggesting" that they recommend a policy that the council has essentially requested.

In closing, I would request that before the planning commission makes their recommendation to the city council, that the pros and cons of this additional restriction be evaluated impartially, and not based upon one's personal opinion of the product involved, but rather determine the perceived threat to the public vs unreasonable restrictions on a business.

Submitted by: Paul Wilcox, Troutdale, 2/25/15

Exhibit D

3/10/15 Council Mtg. – Item #5



Legend

- Parks 1000ft Buffer
- Schools 1000ft Buffer
- Troutdale City Limits
- Town Center Overlay

TownCenter
ZONE

- Town Center Overlay

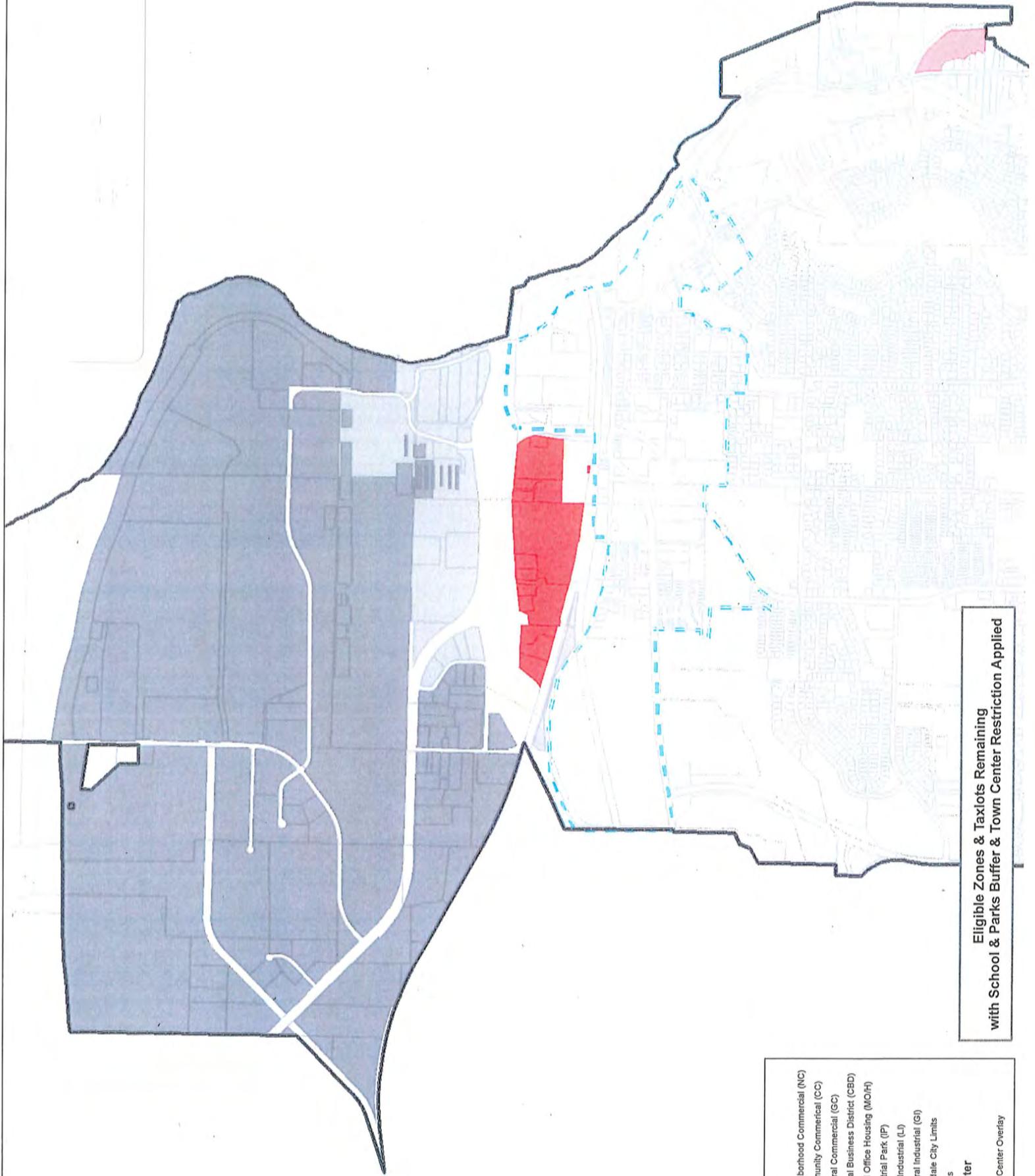
School & Parks Buffers with Town Center Restriction Area



Exhibit E

3/10/15 Council Mtg. – Item #5

Print Date: 3/27/2015



Legend

- Neighborhood Commercial (NC)
- Community Commercial (CC)
- General Commercial (GC)
- Central Business District (CBD)
- Mixed Office Housing (MOH)
- Industrial Park (IP)
- Light Industrial (LI)
- General Industrial (GI)
- Trousdale City Limits
- Taxlots
- TownCenter
- ZONE
- Town Center Overlay

Eligible Zones & Taxlots Remaining
with School & Parks Buffer & Town Center Restriction Applied

ORDINANCE NO.

AN ORDINANCE AMENDING CHAPTERS 1.020, 3.123, 3.163, 3.173, and 4.720 OF THE TROUTDALE DEVELOPMENT CODE BY ALLOWING MEDICAL MARIJUANA FACILITIES AS A CONDITIONAL USE IN THE GENERAL COMMERCIAL, LIGHT INDUSTRIAL AND GENERAL INDUSTRIAL DISTRICTS AND PROHIBITING THESE FACILITIES AS A CONDITIONAL USE IN THE GENERAL COMMERCIAL DISTRICT WITHIN THE TOWN CENTER OVERLAY ZONE.

THE TROUTDALE CITY COUNCIL FINDS AS FOLLOWS:

1. During the 2013 Special Session, the Oregon legislature passed HB 3460, which allows for the establishment and licensing of medical marijuana facilities; and
2. The Oregon Health Authority has formulated administrative rules governing the licensing of medical marijuana facilities and began accepting applications for their operation on March 3, 2014; and
3. During the 2014 Regular Session, the Oregon Legislature passed SB 1531, which limits the ability of cities and counties to regulate medical marijuana facilities to the time, place and manner in which a facility may dispense medical marijuana; and
4. Ordinance 821 adopted by City Council on April 22, 2014, effectively prohibits medical marijuana facilities in the City; and
5. Ordinance 821 automatically expires and is deemed to be repealed at 11:59:59pm on April 30, 2015, unless sooner repealed by City Council ordinance;
6. Medical marijuana facilities are not defined in the Troutdale Development Code (TDC); and
7. Chapters 3.123, 3.163 and 3.173 of the TDC specifies those uses requiring a Conditional Use Permit review prior to approval in the City's General Commercial (GC), Light Industrial (LI), and General Industrial (GI) Zoning Districts; and
8. The addition of medical marijuana facilities as a conditional use in the GC, LI, and GI zones will only apply if the Troutdale City Council repeals Ordinance 821 prior to April 30, 2015; and
9. If the Council repeals Ordinance 821 in the future, medical marijuana facilities (licensed and authorized under state law) will be permitted as a conditional use in the GC, LI, and GI Zoning districts and no other zone provided that they are not located within 1,000 feet of real property which is the site of a public or private school or a public park; and
10. The Town Center is envisioned as the district that provides shopping, employment, cultural, and recreational opportunities that serve the Troutdale area; and
11. Medical marijuana facilities will be prohibited in the GC district within the Town Center Overlay Zone.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF TROUTDALE

Section 1. Chapter 1.020 General Definitions of the TDC shall be amended as set forth in the attached Attachment A.

Section 2. Chapter 3.123 of the TDC shall be amended as set forth in the attached Attachment A.

Section 3. Chapter 3.163 of the TDC shall be amended as set forth in the attached Attachment A.

Section 4. Chapter 3.173 of the TDC shall be amended as set forth in the attached Attachment A.

Section 5. Chapter 4.720 of the TDC shall be amended as set forth in the attached Attachment A.

Section 6. A medical marijuana facility will only exist as a conditional use in the GC, GI and LI zoning districts and no other zoning district if the Troutdale City Council repeals Ordinance 821 prior to April 30, 2015. Therefore, the amendments in Section 1 through 5 of this ordinance will only be effective if Ordinance 821 is repealed and the amendments will not be codified until that time.

Section 7. This ordinance is effective upon and from 30 days after its enactment by the Council.

YEAS:
NAYS:
ABSTAINED:

Doug Daoust, Mayor

Date _____

Debbie Stickney, City Recorder

Adopted:

PROPOSED TEXT AMENDMENTS – MEDICAL MARIJUANA FACILITIES

TROUTDALE DEVELOPMENT CODE

Amend Chapter 1.020 – Definitions – by adding the following definition and renumbering accordingly:

1.020 GENERAL DEFINITIONS

.80 Medical Marijuana Facilities. *A facility registered with the Oregon Health Authority under ORS 475.314 and OAR 333-008-1050 to:*

- i. Accept the transfer of usable marijuana and immature marijuana plants from a registry identification cardholder, the designated primary caregiver of a registry identification cardholder, or a person responsible for a marijuana grow site to the medical marijuana facility; or*
- ii. Transfer usable marijuana and immature marijuana plants to a registry identification cardholder or the designated primary caregiver of a registry identification cardholder.*

Amend Chapter 1.020 – Definitions – by adding the following definition and renumbering accordingly:

1.020 GENERAL DEFINITIONS

.92 Park. *A forest, reservation, playground, beach, recreation center or any other area in the city, owned or used by the city and devoted to active or passive recreation.*

Amend Chapter 1.020 – Definitions – by amending the following definition:

1.020 GENERAL DEFINITIONS

.102 School. A public, parochial, or private institution that provides educational instruction to students- ***including accredited colleges or universities.*** This definition does not include trade or business schools or colleges.

Amend Chapter 3.123 General Commercial – by amending the conditional use list for properties in the General Commercial zone.

3.123 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses in the GC district:

- A. Wholesale distribution outlets, including warehousing.
- B. Off-street parking, and storage of truck tractors and/or semi-trailers.

- C. Heliport landings.
- D. Outdoor stadiums and race tracks.
- E. Automobile and trailer sales areas.
- F. Community service uses.
- G. Utility facilities, major.
- H. *Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.***
- H.-I. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90]

Amend Chapter 3.163 Light Industrial – by amending the conditional use list for properties in the Light Industrial zone.

3.163 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses within a LI district:

- A. Heliports accessory to permitted or approved conditional uses.
- B. Retail, wholesale, and discount sales and services, including restaurants, banks, dry-cleaners, and similar establishments, with or without drive-up or drive-through window service, subject to the provisions of subsection 3.165(E) of this chapter.
- C. Community service uses.
- D. Utility facilities, major.
- E. Automobile, truck, trailer, heavy equipment, recreational vehicle, boat and manufactured home sales, rentals, and repair shops.
- F. Card-lock fueling stations, truck stops, service stations, tire shops, and oil change facilities.
- G. Motels or hotels, including banquet rooms, conference, or convention centers.
- H. Commercial sports complexes including, but not limited to, health clubs, tennis courts, aquatic centers, skating rinks, and similar facilities.

I. Child care facilities, kindergartens, and similar facilities.

J. Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.

J.K. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90; Amended by Ord. 660, ef. 5/28/98; Amended by Ord. 724, ef. 11/8/02; Amended by Ord. 792, ef. 9/25/08]

Amend Chapter 3.173 General Industrial – by amending the conditional use list for properties in the General Industrial zone.

3.173 Conditional Uses. The following uses and their accessory uses are permitted as conditional uses within the GI district:

A. Child care facilities, kindergartens, and similar facilities.

B. Community service uses.

C. Concrete or asphalt manufacturing plants.

D. Sanitary landfills, recycling centers, and transfer stations.

E. Sewage treatment plants and lagoons.

F. Telecommunication towers and poles.

G. Junk yards.

I. Residential dwelling/hangar mixed uses when the hangars are served by a taxiway with direct access to the Troutdale Airport Runway. The use shall be subject to the following requirements:

1. Approval from the Port of Portland.

2. Approval from the Federal Aviation Administration.

3. No separate accessory structures are allowed.

I. Heliports accessory to permitted or approved conditional uses.

J. Commercial sports complexes including, but not limited to, health clubs, tennis courts, aquatic centers, skating rinks, and similar facilities.

K. Commercial uses within industrial flex-space buildings, subject to the provisions of subsection 3.175(D) of this chapter.

L. Processing facilities whose principal use involves the rendering of fats, the slaughtering of fish or meat, or the fermentation of foods such as sauerkraut, vinegar, and yeast.

M. The manufacturing or storing of toxic or hazardous materials when done in compliance with federal and state regulations.

N. Medical Marijuana Facilities licensed and authorized under state law, when not located within 1,000 feet of real property which is the site of a public or private school or a public park. For purposes of this subsection, "within 1,000 feet" means a straight line measurement in a radius extending for 1,000 feet in every direction from any point on the boundary line of the real property comprising an existing public or private school or public park. This buffer shall not apply to new schools or parks located within 1,000 feet of an existing Medical Marijuana Facility.

N. O. Other uses similar in nature to those listed above. [Adopted by Ord. 550, ef. 9/25/90; Amended by Ord. 660, ef. 5/28/98; Amended by Ord. 724, ef. 11/8/02; Amended by Ord. 792, ef. 9/25/08]

Amend Chapter 4.720 – Town Center Overlay – by amending subsection E. of the permitted and conditional use list for properties in the General Commercial zone and the Town Center Overlay. Subsections A through D are to remain unchanged.

4.720 Permitted and Conditional Uses. Permitted and conditional uses are the same as those listed in the underlying zoning districts with the following exceptions:

E. General Commercial (GC).

1. Additional permitted uses: Single-family detached dwellings (except manufactured homes), duplex, triplex, attached, and multiple-family dwellings, provided the residential use is located above or behind a permitted commercial use, whether within the same building as the commercial use or in a separate building; and public parking lots.

2. Eliminated permitted uses: Automotive repairs, including painting and incidental body and fender work; automotive service stations; lumber yards (retail sales only); and tire shops.

3. Eliminated conditional uses: Automobile and trailer sales area, heliport landings, off-street parking and storage of truck tractors and/or semi-trailers, outdoor stadiums and racetracks, wholesale distribution outlets, including warehousing- ***and medical marijuana facilities.*** [Adopted by Ord. 658, ef. 3/12/98; Repealed and readopted by

ATTACHMENT A

to Ordinance No. ____

Ord. 661, ef. 7/23/98; Amended by Ord. 716, ef. 5/9/02; Amended by Ord. 770, ef. 2/23/06; Amended by Ord. 806, ef. 5/26/11].