28 Legal Medical Marijuana States and DC

Laws, Fees, and Possession Limits
<table>
<thead>
<tr>
<th>State</th>
<th>Year</th>
<th>How Passed</th>
<th>Possession Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>1998</td>
<td>Ballot Measure 8 (58%)</td>
<td>1 oz usable; 6 plants (3 mature, 3 immature)</td>
</tr>
<tr>
<td>Arizona</td>
<td>2010</td>
<td>Proposition 203 (50.13%)</td>
<td>2.5 oz usable; 12 plants</td>
</tr>
<tr>
<td>Arkansas</td>
<td>2016</td>
<td>Ballot Measure Issue 6 (53.2%)</td>
<td>3 oz usable per 14-day period</td>
</tr>
<tr>
<td>California</td>
<td>1996</td>
<td>Proposition 215 (55%)</td>
<td>8 oz usable; 6 mature or 12 immature plants</td>
</tr>
<tr>
<td>Colorado</td>
<td>2000</td>
<td>Ballot Amendment 20 (54%)</td>
<td>2 oz usable; 6 plants (3 mature, 3 immature)</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2012</td>
<td>House Bill 5389 (96-51 H, 21-13 S)</td>
<td>2.5 oz usable</td>
</tr>
<tr>
<td>Delaware</td>
<td>2011</td>
<td>Senate Bill 17 (27-14 H, 17-4 S)</td>
<td>6 oz usable</td>
</tr>
<tr>
<td>Florida</td>
<td>2016</td>
<td>Ballot Amendment 2 (71.3%)</td>
<td>Amount to be determined</td>
</tr>
<tr>
<td>Hawaii</td>
<td>2000</td>
<td>Senate Bill 862 (32-18 H, 13-12 S)</td>
<td>4 oz usable; 7 plants</td>
</tr>
<tr>
<td>Illinois</td>
<td>2013</td>
<td>House Bill 1 (61-57 H; 35-21 S)</td>
<td>2.5 ounces of usable cannabis during a period of 14 days</td>
</tr>
<tr>
<td>Maine</td>
<td>1999</td>
<td>Ballot Question 2 (61%)</td>
<td>2.5 oz usable; 6 plants</td>
</tr>
<tr>
<td>Maryland</td>
<td>2014</td>
<td>House Bill 881 (125-11 H; 44-2 S)</td>
<td>30-day supply, amount to be determined</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2012</td>
<td>Ballot Question 3 (63%)</td>
<td>60-day supply for personal medical use (10 oz)</td>
</tr>
<tr>
<td>Michigan</td>
<td>2008</td>
<td>Proposal 1 (63%)</td>
<td>2.5 oz usable; 12 plants</td>
</tr>
<tr>
<td>Minnesota</td>
<td>2014</td>
<td>Senate Bill 2470 (46-16 S; 69-40 H)</td>
<td>30-day supply of non-smokable marijuana</td>
</tr>
<tr>
<td>Montana</td>
<td>2004</td>
<td>Initiative 148 (62%)</td>
<td>1 oz usable; 4 plants (mature); 12 seedlings</td>
</tr>
<tr>
<td>Nevada</td>
<td>2000</td>
<td>Ballot Question 9 (65%)</td>
<td>2.5 oz usable; 12 plants</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>2013</td>
<td>House Bill 573 (284-66 H; 8-6 S)</td>
<td>Two ounces of usable cannabis during a 10-day period</td>
</tr>
<tr>
<td>New Jersey</td>
<td>2010</td>
<td>Senate Bill 119 (48-14 H, 25-3 S)</td>
<td>2 oz usable</td>
</tr>
<tr>
<td>New Mexico</td>
<td>2007</td>
<td>Senate Bill 523 (36-31 H; 32-3 S)</td>
<td>6 oz usable; 16 plants (4 mature, 12 immature)</td>
</tr>
<tr>
<td>New York</td>
<td>2014</td>
<td>Assembly Bill 6357 (117-13 A; 49-10 S)</td>
<td>30-day supply non-smokable marijuana</td>
</tr>
<tr>
<td>North Dakota</td>
<td>2016</td>
<td>Ballot Measure 5 (63.7%)</td>
<td>3 oz per 14-day period</td>
</tr>
<tr>
<td>Ohio</td>
<td>2016</td>
<td>House Bill 523 (71-26 H; 18-5 S)</td>
<td>Maximum of a 90-day supply, amount to be determined</td>
</tr>
<tr>
<td>Oregon</td>
<td>1998</td>
<td>Ballot Measure 67 (55%)</td>
<td>24 oz usable; 24 plants (6 mature, 18 immature)</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>2016</td>
<td>Senate Bill 3 (149-46 H; 42-7 S)</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>2006</td>
<td>Senate Bill 0710 (52-10 H; 33-1 S)</td>
<td>2.5 oz usable; 12 plants</td>
</tr>
<tr>
<td>Vermont</td>
<td>2004</td>
<td>Senate Bill 76 (22-7 H; 645 (82-59)</td>
<td>2 oz usable; 9 plants (2 mature, 7 immature)</td>
</tr>
<tr>
<td>Washington</td>
<td>1998</td>
<td>Initiative 692 (59%)</td>
<td>8 oz usable; 6 plants</td>
</tr>
</tbody>
</table>
Medical marijuana by the numbers

- Registered medical marijuana users: 244,125
- Registered caregivers: 40,702
- Estimated sales with new medical marijuana regulations: $711 million
- Estimated tax revenues with new law: $21 million
- Number of plants for each class of medical marijuana growers: up to 500; up to 1,000; up to 1,500
- Product yield for single marijuana plant: Depending on the strain, 2 ounces to 2 pounds.
- Price: $8 to $20 per gram, which would translate into a range of $448 to $18,140 worth of finished product from one marijuana plant.
Regulating marijuana could mean millions for Michigan
Kathleen Gray, Detroit Free Press Lansing Bureau, WZZM 6:37 AM. EDT April 13, 2017

Dozens of medical marijuana dispensaries are sprinkled in cities across the state, and Detroit has 61 pot shops open for business. But come this time next year, the landscape for weed around the state could be completely different.

That's when the state will begin officially handing out licenses to growers, testing facilities, transporters and dispensaries.

The state Department of Licensing and Regulatory Affairs (LARA) is beginning to gear up for the task of regulating a new, and potentially very lucrative, business in the state. The medical marijuana business is projected to generate revenues of more than $700 million, and if a ballot proposal goes to voters in 2018 and the market is opened for recreational use, too, those revenues will easily surpass $1 billion.

"Most states have had two years to get this going," said Shelly Edgerton, director of LARA. "For us, this is a huge endeavor."

Andrew Brisbo, who has served as LARA's licensing division director, has been named as the director of the newly created Bureau of Medical Marijuana Regulation. He will be in charge of the department that could grow to nearly 100 employees who investigate all license applicants and ultimately regulate the medical marijuana business and administer the system that tracks medical marijuana from seed to sale.

LARA approved a $447,625 contract with Franwell to provide the monitoring system. The Lakeland, Fla.-based company also provides a similar service to Colorado, which was the first state to legalize marijuana for recreational use.

Right now, there are 240,000 people who have gotten medical marijuana cards that allow them to use weed legally to treat a variety of ailments. They are served by 40,000 state-approved caregivers, who can grow up to 12 plants for each patient and who are allowed up to five patients each.

The new law keeps that system in place but also creates five categories of medical marijuana licenses for growers of up to 1,500 plants, testing facilities, transporters, dispensaries and the seed-to-sale tracking. The dispensaries will be taxed 3% on their gross receipts, and that money will go back to the state and local communities. The state is still coming up with an application and licensing fee schedule, which will cover the cost of regulating the industry — an estimated $18.6 million, according to Gov. Rick Snyder's budget proposal for the department.

The applications for licenses will become available on LARA's website Dec. 15.

While most states with legalized medical or recreational marijuana have a government department approve licenses, Michigan will have a five-member board make those decisions, based on recommendations from Brisbo's department. Snyder has three appointments; the other two come from the Senate Majority Leader and the Speaker of the House. Snyder is expected to make the appointments soon.

"The placement of the program in LARA makes sense," Brisbo said. "Because we're the experts in licensing processes and how to have a fair, efficient operation."

Edgerton said the department licenses more than 1 million people but the medical marijuana licenses will present challenges with background and financial-disclosure investigations that could spread across the nation.

"This is a new, fast-paced industry. It's a constant evolution of operations and quirks and new dimensions to this industry," she said. "It is hard to keep up."
And contrary to the rumor mill in Lansing, which is abuzz with stories of licenses already being awarded and people being able to pay to ensure license, Edgerton said, “Listen, there is no pipeline. There are no guaranteed licenses.”

The process will begin in communities that will decide whether they want the business in their cities and towns. Some have wholeheartedly welcomed the industry, such as Detroit, which passed an ordinance in 2015 and now has 61 dispensaries operating. Others are more reluctant. Monroe and Plymouth have said they’d prefer the businesses operate elsewhere.

Current businesses, however, operate at their own risk. While communities must make the initial decision on whether and who to allow in, it will be up to the state to grant the license.

"Communities have to authorize all the businesses — the growers, the safety facilities, the transporters, the dispensaries," Edgerton said. “They may authorize, but the business may not be eligible based on our background check.”
New interactive map details every pot shop in Detroit

Detroit Free Press staff Published 9:58 a.m. ET April 11, 2017 | Updated 7:03 p.m. ET April 11, 2017

Wondering if that pot shop on the corner is licensed?

Detroit now offers an interactive online map that shows the status of the more than 280 medical marijuana dispensaries and centers in the city.

The color-coded map shows a dot for every current and proposed dispensary in the city and whether it has been approved, is in the application process, if it’s open for business, if it has been closed down by the city or has closed down on its own. It also gives the name of the business.

The website also allows residents to anonymously report an issue with any location.

“We continue to receive a lot of community feedback about the number of dispensaries across the city and we are enforcing the ordinance, which we think is fair and equitable,” said David Bell, director of the Building Safety, Engineering & Environmental Department (BSEED). “This new website map will allow people to stay up to date on any one of the locations.”

Detroit voters approved a measure allowing the use and sale of medical marijuana in the city in November 2012.

Bell said the website will be updated by 4 p.m. every Monday.

Until City Council passed an ordinance in late 2015, there were no regulations in place governing how many dispensaries could open and where. Those regulations took effect one year ago.

The federal Drug Free School Zone Act prevents marijuana from being delivered, sold or manufactured within 1,000 feet of a school. State law also factors libraries into the rule.

The city’s zoning regulations cover educational institutions and go beyond that, prohibiting shops from operating near child care centers, arcades and outdoor recreation facilities.

When the process is complete, the city expects that about 50 centers city-wide will be allowed to operate.
### How much may be possessed?

<table>
<thead>
<tr>
<th>Qualifying Patient may possess:</th>
<th>Primary Caregiver may possess:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An amount of marihuana that does not exceed a combined total of 2.5 ounces of usable marihuana and usable marihuana equivalents. MCL 333.2642(a).</td>
<td>• For each qualifying patient to whom he or she is connected through the department's registration process, a combined total of 2.5 ounces of usable marihuana and usable marihuana equivalents. MCL 333.2642(b).</td>
</tr>
<tr>
<td>• 12 marihuana plants kept in an enclosed locked facility, if no primary caregiver has been specified. MCL 333.2642(a).</td>
<td>• 12 marihuana plants kept in an enclosed locked facility for each qualifying patient who has specified that the primary caregiver will be allowed under state under state law to cultivate marihuana for the qualifying patient. MCL 333.2642(b).</td>
</tr>
<tr>
<td>• Shall have been diagnosed by a physician as having a debilitating condition. MCL 333.26423(i)</td>
<td>• A caregiver may have up to 5 registered patients who are connected through the registration process. MCL 333.26268(b).</td>
</tr>
<tr>
<td>• The privilege from arrest applies only if the qualifying patient presents both his or her registry identification card and a valid driver license or government-issued identification card that bears a photographic image of the qualifying patient. MCL 333.2642(a).</td>
<td>• Shall be 21 years of age and not convicted of any felony within the last 10 years and has never been convicted of a felony involving illegal drug or an assaultive crime. MCL 333.26243(k).</td>
</tr>
<tr>
<td>Enclosed, Locked Facility: Means a closet, room, or other comparable, stationary, and fully enclosed area equipped with secured locks or other functioning security devices that permit access only by a registered primary caregiver or registered qualifying patient. MCL 333.26423(d).</td>
<td>• The privilege from arrest applies only if the primary caregiver presents both his or her registry identification card and a valid driver license or government-issued identification card that bears a photographic image of the primary caregiver. MCL 333.26424(b).</td>
</tr>
</tbody>
</table>

**Plants Grown Outdoors:** Marihuana plants grown outdoors are considered to be in an enclosed, locked facility if they are not visible to the unaided eye from an adjacent property when viewed by an individual at ground level or from a permanent structure and are grown within a stationary structure that is enclosed on all sides. MCL 333.26423(d).

**Transporting Living Marihuana Plants:** The vehicle is being used temporarily to transport living marihuana plants from one location to another with the intent to permanently retain those plants at the second location, only the primary caregiver designated to maintain those plants or the qualifying patient to whom the living marihuana plants belong are allowed to move those plants. MCL 333.26423(d)(1)(2).

**Marihuana-Infused Product in or upon a Motor Vehicle for a Qualifying Patient:** Shall not transport or possess a marihuana-infused product in or upon a motor vehicle unless for a qualifying patient a marihuana-infused product is in a sealed and labeled package that is carried in the trunk of the vehicle or, if the vehicle does not have a trunk, is enclosed in a case and carried so as not to be readily accessible from the interior of the vehicle. MCL 333.26424(b)(2). Civil Fine of not more than $250.00. MCL 333.26424(b)(5).

**Marihuana-Infused Product in or upon a Motor Vehicle for a Primary Caregiver:** Shall not transport or possess a marihuana-infused product in or upon a motor vehicle unless for a primary caregiver a marihuana-infused product is accompanied by an accurate transportation manifest and enclosed in a case carried in the trunk of the vehicle or, if the vehicle does not have a trunk, is enclosed in a case and so as not to be readily accessible from the interior of the vehicle. MCL 333.26424(b)(8). Civil Fine of not more than $250.00. MCL 333.26424(b)(9).

**Rebuttable Presumption:** There is a rebuttable presumption that the weight of a marihuana-infused product listed on its package label or on a marihuana transportation manifest is accurate. MCL 333.26424(b)(5).

**Marihuana:** Means that term as defined in section 7106 of the public health code, 1978 PA 369, MCL 333.7106.

**Marihuana-Infused Product:** Means a topical formulation, tincture, beverage, edible substance, or similar product containing any usable marihuana that is intended for human consumption in a manner other than smoke inhalation. Marihuana-infused product shall not be considered as food for purposes of the food law, 2000 PA 92, MCL 289.1101 to 289.8111.

**Usable Marihuana:** Means the dried leaves, flowers, plant resin, or extract of the marihuana plant, but does not include the seeds, stalks, and roots of the plant. MCL 333.26423(m).

**Usable Marihuana Equivalent:** Means the amount of usable marihuana in a marihuana-infused product that is calculated as provided in section 4(c). MCL 333.26423(o).

**Calculation of Usable Marihuana Equivalency:** For purposes of determining marihuana equivalency, the following shall be considered to 1 ounce of usable marihuana: (1) 16 ounces of marihuana-infused product if in a solid form. (2) 7 grams of marihuana-infused product if in gaseous form. (3) 36 fluid ounces of marihuana-infused product if in liquid form. MCL 333.26424(c).

### Protection of Arrest/Search and Seizure

**Protection for a Qualifying Patient:** A qualifying patient who has been issued and possesses a registry identification card is not subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marihuana in accordance with the act. MCL 333.26424(a).

**Protection for a Primary Caregiver:** A primary caregiver who has been issued and possesses a registry identification card is not subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marihuana in
Further Protections for both a Qualifying Patient and a Primary Caregiver: Transferring or purchasing marijuana in an amount authorized by this act from a provisioning center licensed under the medical marijuana facilities licensing act (MMFLA); transferring or selling marijuana seeds or seedlings to a grower licensed under the MMFLA; transferring marijuana for testing to and from a safety compliance facility licensed under the MMFLA. MCL 333.26424(a).

Marijuana Forfeiture: Any marijuana, marijuana paraphernalia, or illicit lawful property that is possessed, owned, or used in connection with the medical use of marijuana shall not be seized or forfeited. MCL 333.26424(f).

In the Presence or Vicinity: A person shall not be subject to arrest, prosecution, or penalty in any manner solely for being in the presence or vicinity of the medical use of marijuana in accordance with this act, or for assisting a registered qualifying patient with using or administering marijuana. MCL 333.26424(j).

Probable Cause or Reasonable Suspicion: Possession of, or application for, a registry identification card shall not constitute probable cause or reasonable suspicion to search or seize or otherwise subject the person or property to inspection. MCL 333.26426(g).

Out-of-State Cards
Michigan recognizes medical marijuana cards, or the equivalent, that are issued by other states, territories, etc. possessed by a visiting qualifying patient. MCL 333.26424(k).

A visiting qualifying patient means a patient who is not a resident of this state or who has been a resident of this state for less than 30 days. MCL 333.26423(c).

Disclosure of Information
MDCH shall verify to law enforcement whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the card. MCL 333.26425(h)(3).

A person, including an employee or official of MDCH or another state agency or local unit of government who discloses confidential information in violation of this act is a 6 month misdemeanor. MCL 333.26425(h)(4).

Violations under the Act
Any registered qualifying patient or registered primary caregiver who sells marijuana to someone who is not allowed to use marijuana for medical purposes is 2 years felony and card revoked. MCL 333.26424(l).

Prohibitions: This act shall not permit any person to do any of the following:
- Undertake any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice. MCL 333.26427(b)(1)
- Possess marijuana or engage in the medical use of marijuana:
  - In a school bus; MCL 333.26427(b)(2)(A)
  - On the grounds of any preschool or primary or secondary school; or MCL 333.26427(b)(2)(B)
  - In any correctional facility. MCL 333.26427(b)(2)(C)
- Smoke marijuana:
  - On any form of public transportation; or MCL 333.26427(b)(3)(A)
  - In any public place. MCL 333.26427(b)(3)(B)
- Operate, navigate, or be in actual physical control of any motor vehicle, aircraft, snowmobile, or off-road recreational vehicle, or motorboat while under the influence of marijuana. MCL 333.26427(b)(4)
- Use marijuana if that person does not have a serious or debilitating medical condition. MCL 333.26427(b)(5)
- Separate plant resin from a marijuana plant by butane extraction in any public place or motor vehicle, or within the curtilage of any residential structure. MCL 333.26427(b)(6)
- Separate plant resin from a marijuana plant by butane extraction in a manner that demonstrates a failure to exercise reasonable care or reckless disregard for the safety of others. MCL 333.26427(b)(7)

Fraudulent Representation: Fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is $500.00 fine. MCL 333.26427(d).

Affirmative Defense
A patient or caregiver may assert the medical purpose for using marijuana as a defense to any prosecution involving marijuana. MCL 333.26428(a).

A physician has stated that the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana. MCL 333.26428(a)(1).

A patient or caregiver was in possession of a quantity of marijuana that was not more than was reasonably necessary to ensure the uninterrupted availability of marijuana for the purpose of treating or alleviating the patient's condition or symptoms. MCL 333.26428(a)(2).

A patient or caregiver had the marijuana or paraphernalia to treat medical condition or symptoms. MCL 333.26428(a)(3).

Submission of Application
If the department fails to issue a valid registry identification card in response to a valid application or renewal within 20 days of its submission, the registry identification card shall be deemed granted, and a copy of the registry identification application or renewal shall be deemed a valid registry identification card. MCL 333.26429(b).

Note: All cards have the LARA logo in the bottom left front area of the card, and shall expire 2 years after the date of issuance.
### Patient's Registry Identification Card

There is a small square at the bottom right of the card with the letter "P" in white, on a **navy blue** background.

The color of the bar across the top and the color behind the photo are **navy blue** and stretches across the entire top of the card and states "Department of Licensing and Regulatory Affairs *Michigan Medical Marihuana Program*".

The individual's name, date of birth, and address is printed on the front of the card. The date of issuance and expiration date of the registry identification card is printed on the front of the card.

Patient registry number is near the top, begins with the letter "P", and is 12 digits long (6 digits hyphen 6 digits).

The card will state "YES" or "NO", depending on whether or not the Patient is Authorized to Possess Plants.

There is a box for a photo. **NO PHOTOS ARE AVAILABLE OR PRINTED ON THE CARDS and there should NOT be a photo on the card.** The box will state "No Photo Available".

If there is NO Caregiver designated, the back of the card will read "NO CAREGIVER".

### Primary Caregiver's Registry Identification Card

There is a small square at the bottom right of the card with the letter "C" in white, on a **dark green** background.

The color of the bar across the top and the color behind the photo are **dark green** and stretches across the entire top of the card and states "Department of Licensing and Regulatory Affairs *Michigan Medical Marihuana Program*".

The individual's name, date of birth, and address is printed on the front of the card. The date of issuance and expiration date of the registry identification card is printed on the front of the card.

Caregiver registry number is near the top, begins with the letter "C", and is 12 digits long (6 digits hyphen 6 digits).

The card will state "YES" or "NO", depending on whether or not the Caregiver is Authorized to Possess Plants.

There is a box for a photo. **NO PHOTOS ARE AVAILABLE OR PRINTED ON THE CARDS and there should NOT be a photo on the card.** The box will state "No Photo Available".

The back of the Caregiver Card will give related Patient Information.

Verification of the validity of the card will have to be done only using the Registry Number for the Patient or the Caregiver. The Department of Licensing and Regulatory Affairs (LARA) CANNOT verify by name or address. Contact LARA at 517-373-C395 or BHP-MMMPINFO@michigan.gov, for further clarification.
Medical Marihuana Facility Licensing Act (MMFLA) - Michigan Compiled Law 333.27101 to MCL 333.27801 - December 20, 2016 - Summary for Law Enforcement/Prosecutors

Beginning December 15, 2017, (360 days after the law's effective date of December 20, 2016), a person may apply to the Medical Marihuana Licensing Board for state operating licenses in the following categories:

- Class A, B, or C Grower
- Secure Transporter
- Processor
- Provisioning Center
- Safety Compliance Facility

Definitions – MCL 333.27101 et. seq.

Grower: Means a licensee that is a commercial entity located in this state that cultivates, dries, trims, or cures and packages marihuana for sale to a processor or provisioning center. MCL 333.27102(f).

Licensee: Means a person holding a state operating. MCL 333.27102(g).

Marihuana Facility: Means a location at which a license holder is licensed to operate under this act. MCL 333.27102(i).

Marihuana Plant: Means any plant of the species Cannabis sativa L. MCL 333.27102(j).

Marihuana-Infused Product: Means a topical formulation, tincture, beverage, edible substance, or similar product containing any usable marihuana that is intended for human consumption in a manner other than smoke inhalation. Marihuana-infused product shall not be considered a food for purposes of the food law. MCL 333.27102(k).

Municipality: Means a city, township, or village. MCL 333.27102(m).

Plant: Means any living organism that produces its own food through photosynthesis and has observable root formation or is in growth material. MCL 333.27102(p).

Processor: Means a licensee that is a commercial entity located in this state that purchases marihuana from a grower and that extracts resin from the marihuana or creates a marihuana-infused product for sale and transfer in packaged form to a provisioning center. MCL 333.27102(q).

Provisioning Center: Means a licensee that is a commercial entity located in this state that purchases marihuana from a grower or processor and sells, supplies, or provides marihuana to registered qualifying patients, directly or through the patients' registered primary caregivers. Provisioning center includes any commercial property where marihuana is sold at retail to registered qualifying patients or registered primary caregivers. A noncommercial location used by a primary caregiver through the department's marihuana registration process in accordance with the Michigan Medical Marihuana Act (MMMA) is not a provisioning center for purposes of this act. MCL 333.27102(r).

Safety Compliance Facility: Means a licensee that is a commercial entity that receives marihuana from a marihuana facility or registered primary caregiver, tests it for contaminants and for tetrahydrocannabinol and other cannabinoids, returns the test results, and may return the marihuana to the marihuana facility MCL 333.27102(w).

Secure Transporter: Means a licensee that is a commercial entity located in this state that stores marihuana and transports marihuana between marihuana facilities for a fee. MCL 333.27102(x).

State Operating License: Means a license that is issued under the act that allows the licensee to operate as 1 of the following, specified in the license: (i) A grower. (ii) A processor. (iii) A secure transporter. (iv) A provisioning center. (v) A safety compliance facility. MCL 333.27102(y).

Statewide Monitoring System: Means an internet-based, statewide database established, implemented, and maintained by the department under the marihuana tracking act, that is available to licensees, law enforcement agencies, and authorized state departments and agencies on a 24 hour basis for all of the following: (i) Verifying registry identification cards. (ii) Tracking marihuana transfer and transportation by licensees, including transferee, date, quantity, and price. (iii) Verifying in commercially reasonable time.
that a transfer will not exceed the limit that the patient or caregiver is authorized to receive under section 4 of the Michigan medical marihuana act, MCL 333.26424. MCL 333.27102(z).

**Usable Marihuana:** Means the dried leaves, flowers, plant resin, or extract of the marihuana plant, but does not include the seeds, stalks, and roots of the plant. MCL 333.27102(aa).

**Protected Activities Under a State Operating License**

**Protected Activities:** (a) Growing marihuana (b) Purchasing, receiving, selling, transporting, or transferring marihuana from or to a licensee, a licensee’s agent, a registered qualifying patient, or a registered qualifying patient (c) Possessing marihuana (d) Possessing or manufacturing marihuana paraphernalia for medical use (e) Processing marihuana (f) Transporting marihuana (g) Testing, transferring, infusing, extracting, altering or studying marihuana (h) Receiving or providing compensation for products or services. MCL 333.27701(2)

**Not Subject to Penalties for Protected Activities for Licensees:** The licensee and its agents are not subject to any of the following for engaging in activities mentioned-above: (a) Criminal penalties under state or local ordinances regulating marihuana (b) State or local criminal prosecution for a marihuana-related offense (c) State or local civil prosecution for a marihuana-related offense (d) Search or inspection, except for an inspection authorized under this act by law enforcement officers, the municipality, or the department (e) Seizure of marihuana, real property, personal property, or anything of value based on a marihuana-related offense (f) Any sanction, including disciplinary action or denial of a right or privilege, by a business or occupational or professional licensing board or bureau based on marihuana-related offense. MCL 333.27201(1).

**Not Subject to Penalties for Protected Activities for Registered Qualifying Patients or Primary Caregivers:** Not subject to criminal prosecution or sanctions for purchasing marihuana from a provisioning center if the quantity purchased is within the limits established under the MMMA. Not subject to criminal prosecution or sanctions for any transfer of 2.5 ounces or less of marihuana to a safety compliance facility for testing. MCL 333.27203.

**Section 8 Defense:** Does not limit the medical purpose defense provided in Section 8 of the MMMA, to any prosecution involving marihuana. MCL 333.27204

**Examination by Local and State Police:** A marihuana facility and all articles of property in that facility are subject to examination at any time by a local police agency or the department of state police. MCL 333.27208.

**Municipality May Adopt an Ordinance**

**May Adopt an Ordinance:** A marihuana facility shall not operate in a municipality unless the municipality has adopted an ordinance that authorizes that type of facility. MCL 333.27205.

**May Limit the Number of Facilities:** A municipality may adopt an ordinance to authorize 1 or more types of marihuana facilities within its boundaries and to limit the number of each type of marihuana facility. MCL 333.27205.

**May Adopt Other Ordinances Regarding Zoning Regulations:** A municipality may adopt other ordinances relating to marihuana facilities within its jurisdiction, including zoning regulations, but shall not impose regulations regarding the purity or pricing of marihuana or interfering or conflicting with statutory regulations for licensing marihuana facilities. MCL 333.27205.

**Licensed Parties:**

**Grower License:** Authorizes the grower to grow not more than the following number of marihuana plants under the indicated license class for each license the growers hold in that class: (a) Class A - 500 plants. (b) Class B - 1,000 plants. (c) Class C - 1,500 plants. MCL 333.27501(1). Authorizes sale of marihuana seeds or marihuana plants only to a grower by means of a secure transporter. MCL 333.27501(2). Authorizes sale of marihuana, other than seeds, only to a processor or provisioning center. MCL 333.27501(3). Authorizes the grower to transfer marihuana only by means of a secure transporter. MCL 333.27501(4). Shall not have an interest in a secure transporter or safety compliance facility. MCL 333.27501(5). Shall not be a registered primary caregiver and not employ an individual who is simultaneously a registered primary caregiver. MCL 333.27510(6)(b). Shall enter all transaction, current inventory, and other information into the statewide monitoring system as required in this act, rules, and the
marihuana tracking act. MCL 333.27501(6)(c). Does not authorize the grower to operate in an area unless the area is zoned for industrial or agricultural uses or is unzoned and otherwise meets the requirements established in section 205(1). MCL 333.27501(7).

Processor License: Authorizes purchase of marihuana only from a grower and sale of marihuana-infused products or marihuana only to a provisioning center. MCL 333.27502(1). Authorizes the processor to transfer marihuana only by means of a secure transporter. MCL 333.27502(2). Shall not have an interest in a secure transport or safety compliance facility. MCL 333.27502(3). Shall not be a registered primary caregiver and not employ an individual who is simultaneously a registered primary caregiver. MCL 333.27502(4)(b). Shall enter all transaction, current inventory, and other information into the statewide monitoring system as required in this act, rules, and the marihuana tracking act. MCL 333.27502(4)(c).

Secure Transporter License: Authorizes the license to store and transport marihuana and money associated with the purchase or sale of marihuana between marihuana facilities for a fee upon a request of a person with legal custody of that marihuana or money. Does not authorize transport to a registered qualifying patient or registered primary caregiver. MCL 333.27503(1). Shall not have an interest in a grower, processor, provisioning center, or safety compliance facility and must not be a registered qualifying patient or registered primary caregiver. MCL 333.27503(2). Shall enter all transaction, current inventory, and other information into the statewide monitoring system as required in this act, rules, and the marihuana tracking act. MCL 333.27503(3).

Shall comply with the following: (a) Each driver transporting marihuana must have a chauffeur’s license issued by the state. (b) Each employee who has custody of marihuana or money that is related to a marihuana transaction shall not have been convicted or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years. (c) Each vehicle shall be operated with a 2-person crew with at least 1 individual remaining with the vehicle at all times during the transportation of marihuana. (d) A route plan and manifest shall be entered into the statewide monitoring system, and a copy shall be carried in the transporting vehicle and presented to law enforcement officer upon request. (e) The marihuana shall be transported in 1 or more sealed containers and not be accessible while in transit. (f) A secure transporting vehicle shall not bear markings or other indication that it is carrying marihuana or a marihuana-infused product. MCL 333.27503(4).

Subject to administrative inspection by a law enforcement officer at any point during the transportation of marihuana to determine compliance with this act. MCL 333.27503(5).

Provisioning Center License: Authorizes the purchase or transfer of marihuana only from a grower or processor and sale or transfer to only a registered patient or registered primary caregiver. All transfers of marihuana to a provisioning center from a separate marihuana facility shall be by means of a secure transporter. MCL 333.27504(1). Authorizes the provisioning center to transfer marihuana to or from safety compliance facility for testing by means of a secure transporter. MCL 333.27504(3). Shall not have interest in a secure transporter or safety compliance facility. MCL 333.27504(3).

Shall comply with the following: (a) Sell or transfer marihuana to a registered qualifying patient or registered primary caregiver only after it has been tested and bears the label required for retail sale. (b) Enter all transaction, current inventory, and other information into the statewide monitoring system as required in this act, rules, and the marihuana tracking act. (c) Before selling or transferring marihuana to a registered qualifying patient or to a registered primary caregiver on behalf of a registered qualifying patient, inquire of the statewide monitoring system to determine whether the patient and, if applicable, the caregiver hold a valid, current, unexpired, and unrevoked registry identification card and that the sale or transfer will not exceed the daily purchasing limit established by the medical marihuana licensing board under this act. (d) Not allow the sale, consumption, or use of alcohol or tobacco products on the premises. (e) Not allow a physician to conduct a medical examination or issue a medical certification document on the premises for the purposes of obtaining a registry identification card. MCL 333.27504(4).

A tax is imposed on each provisioning center at the rate of 3% of the provisioning center’s gross retail receipts. MCL 333.27601(1).

Safety Compliance Facility License; Authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility. MCL 333.27505(1). Must be accredited by an
entity approved by the board by 1 year after the date the license is issued or have previously provided
during drug testing services to this state or this state’s court system and be a vendor in good standing in
regard to those services. The board may grant a variance from this requirement upon a finding that the
variance is necessary to protect and preserve the public health, safety, or welfare. MCL 333.27505(2).
Shall not have an interest in a grower, secure transporter, processor, or provisioning center. MCL
333.27505(3).
Shall comply with all of the following: (a) Perform tests to certify that marihuana is reasonably free of
chemical residues such as fungicides and insecticides. (b) Use validated test methods to determine
tetrahydrocannabinol, tetrahydrocannabinol acid, cannabidiol, and cannabidiol acid levels. (c) Perform tests
that determine whether marihuana complies with the standards the board establishes for microbial and
mycotoxin contents. (d) Perform other tests necessary to determine compliance with any other good
manufacturing practices as prescribed in rules. (e) Enter all transaction, current inventory, and other
information into the statewide monitoring system as required in this act, rules, and the marihuana tracking
act. (f) Have a secured laboratory space that cannot be accessed by the general public. (g) Retain and
employ at least 1 staff member with a relevant advanced degree in a medical or laboratory science. MCL
333.27505(4).
Ineligibility for a License: Ineligible to receive a license if any of the following circumstances exist:
(a) Convicted of or released from incarceration for a felony under the laws of this state, any other state, or
the United States within the past 10 years or has been convicted of a controlled substance-related felony
within the past 10 years. (b) Within the past 5 years the applicant has been convicted of a misdemeanor
involving a controlled substance, theft, dishonesty, or fraud in any state or been found responsible for
violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that
substantially corresponds to a misdemeanor in that state. (c) Knowingly submitted an application for a
license under this act that contains false information. (d) Member of the board. (e) Fails to demonstrate the
applicant’s ability to maintain adequate premises liability and casualty insurance for its proposed marihuana
facility. (f) Holds an elective office of a governmental unit of this state, another state, or the federal
government; is a member of or employed by a regulatory body of a governmental unit in this state, another
state, or the federal government; or is employed by a governmental unit of this state. This subdivision does
not apply to an elected officer of or employee of a federally recognized Indian tribe or to an elected
precinct delegate. (g) Has been a resident of this state for less than a continuous 2-year period immediately
preceding the date of filing the application. The requirements in this subdivision do not apply after June 30,
2018. (h) The board determines that the applicant is not in compliance with section 205(1). MCL
333.27402(2).

Medical Marihuana Excise Fund

Allocation of Funds:
• 25 percent to municipalities in which facilities are located, allocated in proportion to the number of
  facilities within the municipality.
• 30 percent to counties in which facilities are located, allocated in proportion to the number of facilities
  within the county.
• 5 percent to counties in which facilities are located, allocated in proportion to the number of facilities
  within the county, and earmarked specifically for the county sheriff.
• 30 percent to the State. Until September 30, 2018, this money will be deposited in the General Fund, and
  thereafter, the money will be deposited into the State’s First Responder Presumed Coverage Fund,
  which is used to provide funding for firefighters who develop certain types of cancer.
• 5 percent to the Michigan Commission on Law Enforcement Standards.
• 5 percent to the Michigan State Police. MCL 333.27602 et. seq.

Medical Marihuana Licensing Board (“Board”)

Board: Within the Department of Licensing and Regulatory Affairs (“LARA”), and gives it authority to
regulate the activity and operation of medical marihuana facilities within the State. MCL 333.27301(1).
Comprised of five members appointed by the Governor. MCL 333.27301(2).
Members may not have a direct or indirect financial interest in a marihuana facility or applicant, must be of
good moral character, and may not have been convicted of any felony or a misdemeanor involving a
controlled substance, dishonesty, theft, or fraud. MCL 333.27301(6).
No more than three of the members may come from the same political party. MCL 333.27301(2).
Each Board member will serve for a term of four years. For initial appointments, however, one member
will serve a term of two years, and two members will serve three-year terms in order to stagger future
turnover. MCL 333.27301(3).
The Board, in conjunction with LARA, may also hire staff as needed, including a full-time executive
director. MCL 333.27301(8).
**Duties:** Implementing and administering the Medical Marihuana Facilities Licensing Act, making
licensing determinations, overseeing the activities of licensed medical marihuana facilities, and working
with LARA to promulgate administrative rules relating to the operation, health, and safety of marihuana
facilities. MCL 333.27302, et. seq.
The Board shall not promulgate a rule establishing a limit on the number or type of marihuana facility
licenses that may be granted. MCL 333.27302(d).
**Powers:** The board has jurisdiction over the operations of all marihuana facilities. MCL 333.27303(1).
The board has a number of powers, including but limited to: a) Investigate applicants for state operating
licenses, determine the eligibility for licenses, and grant licenses to applicants in accordance with this act
and the rules. (b) Investigate all individuals employed by marihuana facilities. (c) At any time, through its
investigators, agents, auditors, or the state police, without a warrant and without notice to the licensee, enter
the premises, offices, facilities, or other places of business of a licensee, if evidence of compliance or
noncompliance with this act or rules is likely to be found and consistent with constitutional limitations, for
the following purposes: (i) To inspect and examine all premises of marihuana facilities. (ii) To inspect,
examine, and audit relevant records of the licensee and, if the licensee fails to cooperate with an
investigation, impound, seize, assume physical control of, or summarily remove from the premises all
books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including
electronically stored records, money receptacles, or equipment in which the records are stored. (iii) To
inspect the person, and inspect or examine personal effects present in a marihuana facility, of any holder of
a state operating license while that person is present in a marihuana facility. (iv) To investigate alleged
violations of this act or rules. MCL 333.27303 et. seq.

**Marihuana Advisory Board**

**Advisory Board Members:** Shall consist of 17 members, including the director of state police or his or
her designee, the director of this state's department of health and human services or his or her designee, the
director of the department of licensing and regulatory affairs or his or her designee, the attorney general or
his or her designee, the director of the department of agriculture and rural development or his or her
designee, and the following members appointed by the governor. MCL 333.27801 et. seq.
Medical Marihuana Facilities Licensing Act Q & A

Q. What is the Medical Marihuana Facilities Licensing Act (MMFLA)?

A. Effective December 20, 2016, the MMFLA creates a comprehensive state licensing system that will control the growing, processing, transporting, testing, and sale of medical marihuana throughout Michigan. The MMFLA does not amend the Michigan Medical Marihuana Act (MMMA).

Q. Who oversees the MMFLA?

A. The MMFLA creates the Medical Marihuana Licensing Board (MMLB) within the Michigan Department of Licensing and Regulatory Affairs (LARA). The MMLB will issue licenses for medical marihuana facilities. The MMFLA requires an annual license for growers, processors, provisioning centers, secure transporters, and safety compliance facilities. Each one requires a separate license.

Q. When can a person apply for a license under the MMFLA?

A. Beginning December 15, 2017, an applicant may apply for a license to be a Class A (500 plants), B (1,000 plants) or C (1,500 plants) grower; processor; provisioning center; secure transporter; or safety compliance center.

Q. What is the role of a municipality (i.e., township, city, or village) under the MMFLA?

A. Municipalities will be able to decide if they want to allow growers, processors, secure transporters, and safety compliance centers in their jurisdiction. A person cannot apply to the State of Michigan for a license unless a municipality has adopted an ordinance that authorizes that type of facility.

Q. What happens if a township, city, or village chooses to allow any of these marihuana facilities within their jurisdictions?

A. Municipalities may charge an annual fee of up to $5,000 on licensed marihuana facilities and regulate marihuana facilities within their jurisdiction (i.e. zoning ordinances). However, the MMFLA prohibits
municipalities from regulating the purity or pricing of marihuana, or interfering with statutory regulations for licensing facilities. A municipality is exempt from the Freedom of Information Act (FOIA) as to any information it receives in connection with a license application.

Q. What is a provisioning center?

A. A provisioning center purchases marihuana from a grower or processor and sells, supplies, or provides it to registered patients. This may be done directly or through the patient’s registered caregiver. A provisioning center is not allowed to be a secure transporter or safety compliance facility.

Q. What is a grower?

A. A grower cultivates, dries, trims, or cures and packages marihuana for sale to a processor or provisioning center. Registered patients and caregivers who lawfully cultivate marihuana pursuant to the MMMA are not considered “growers” under the MMFLA. A grower is not allowed to be a secure transporter or safety compliance facility.

Q. What is a processor?

A. A processor purchases marihuana from a grower and extracts resin from the marijuana plant. A processor may also create marihuana-infused products for sale and transfer the final packaged products to provisioning centers. A processor is not allowed to be a secure transporter or safety compliance facility.

Q. What is a secure transporter?

A. A secure transporter stores and transports marijuana from one facility to another. A secure transporter is not allowed to be a provisioning center, grower, processor, or safety compliance facility.

Q. What is a safety compliance facility?

A. A safety compliance facility receives marihuana from a marihuana facility or registered caregiver and tests it for contaminants and other substances. A safety compliance facility is not allowed to be a provisioning center, grower, processor, or a secure transporter.
Q. When will a registered patient and/or caregiver interact with a provisioning center?

A. Registered qualifying patients and/or caregivers will be able to transfer or purchase marihuana from a provisioning center. The MMMA controls how much marihuana can be transferred or bought from provisioning centers.

Q. Will registered patients and/or caregivers be allowed to continue to grow their own marihuana under the MMMA?

A. The MMFLA does not disrupt the current patient-caregiver relationship. Registered patients and caregivers may still grow their own marijuana and caregivers may have up to five registered patients. The MMFLA does not get rid of the Section 8 defense under the MMMA.

Q. What requirements are in place for licensees?

A. The MMFLA requires the State to establish a “seed to sale” computer tracking system. The new system will compile data on all marihuana plants throughout the state and track them from grower to when they end up in the hands of a registered patient. The system will be able to provide this data in real time to law enforcement agencies.

Q. What is the role of law enforcement under the MMFLA?

A. A marihuana facility and all articles of property in that facility are subject to examination at any time by a local police agency or state police.
Why approving a medical marijuana ordinance may not be the best choice

- Marijuana is a DEA Schedule 1 drug, which means it is an abused/addictive drug and is not a proven, research-based safe and effective medicine for any disease or condition.
- Marijuana use is detrimental for a young person’s developing brain. Use of marijuana by teens is associated with poor school outcomes, lower IQ, poor memory, worsening psychiatric conditions and behavior problems. Research shows that years of chronic marijuana use can lead to changes on brain scans and increased risk of schizophrenia.
- Marijuana is recommended, not prescribed.
- Medical marijuana will be a new industry in Michigan and many cities, villages, and townships do not have zoning ordinances to regulate it. Therefore, MMJ businesses can open anywhere unless restrictive zoning and permitting regulations are developed.
- Marijuana is illegal at the federal level and banks will not do business with marijuana licensees dispensaries therefore they are cash only. Large amounts of drugs and cash can attract crime.
- Medical marijuana marketing in other states includes billboards, print ads, posters, marijuana specials including 2 for 1 and free marijuana. MMJ states have festivals know as High Times Cannabis Cup where people can obtain medical marijuana cards and use marijuana at the event.
- In Michigan, pot doctors often open offices and see only medical marijuana patients as a specialty, similar to pain clinics, and recommend marijuana for any disease or condition.
- In other states that have passed medical marijuana amendments, teens use marijuana at higher rates, marijuana-related emergency room visits increase, child pot poisonings and drugged driving fatalities rise. Businesses and drug free workplaces can be adversely affected.
- A white paper by the California Police Chiefs examined the adverse effects of medical marijuana dispensaries on local communities and concluded that they may be associated with crime, loitering, people smoking marijuana in public, parking and traffic problems and may contribute to a secondary black market with illegal diversion of drugs.
- Other research shows increased youth and young adult marijuana use rates, drugged driving, domestic violence and child abuse/neglect especially in areas dense with dispensaries.
- The use of land for cultivation, processing or dispensing of marijuana could pose serious adverse effects and irreparable harm to the public health, safety and welfare of citizens.
- Citizens are concerned about the location of the facilities and how they affect neighborhoods and property values.
- Marijuana dispensaries have negative impacts: odors, trash, security concerns (cash only business, drug sales), parking, traffic, attract crime, crowd issues, signs, marketing, deliveries are allowed 24/7.
- Hydroponic marijuana farms use large amounts of water and electricity as well as pesticides, fertilizers and other chemicals that might have a negative impact on the environment. They require intense lighting, huge fans and ventilation systems (noise), can attract crime, industrial traffic, security includes armed guards, video cameras, security fences.
- Processing cannabis can involve odors, health and safety issues for employees. Production of butane hash oil can be dangerous as the process involves highly flammable liquids. City fire services must be considered.
• In other states, many cities, townships, and villages have imposed moratoriums on businesses related to medical marijuana cultivation, processing and dispensing. Cities, townships, and villages need more time to look at issues such as hours of sale, cost of permits, conditions of use. Residents' rights must be protected.
• Pill mills proliferated several years ago and had a very negative impact on the community. "Po:"
mills must be prevented
• Therefore, the city, township, and village need time to examine possible negative impacts on other businesses, neighborhoods, schools, day cares, churches, etc.
• The City, township, village will need time to research other MMJ zoning ordinances throughout the state of Michigan as well as in other legal medical marijuana states.
Summary of the Legalization of Marijuana in Colorado – The Impact (Volume 4, September 2016) – Published by Rocky Mountain High Intensity Drug Trafficking Area

Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) is tracking the impact of marijuana legalization in the State of Colorado. The report utilizes, whenever possible, a comparison of three different eras in Colorado’s legalization history:

2006 – 2008: Medical marijuana pre-commercialization era

2009 – Present: Medical marijuana commercialization and expansion era

2013 – Present: Recreational marijuana era

Rocky Mountain HIDTA collects and report comparative data in a variety of areas, including but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana

This is the fourth annual report on the impact of legalized marijuana in Colorado. There are nine (9) sections, each providing information on the impact of marijuana legalization. The sections are as follows:

Section 1 – Impaired Driving:

- Marijuana-related traffic deaths increased 48 percent in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average (2010-2012) prior to legalization.

- During the same time, all traffic deaths increased 11 percent.

- Marijuana-related traffic deaths increased 62 percent from 71 to 115 persons after recreational marijuana was legalized in 2013.

- In 2009, Colorado marijuana-related traffic deaths involving operators testing positive for marijuana represented 10 percent of all traffic fatalities. By 2015, that number doubled to 21 percent.
Section 2 – Youth Marijuana Use:

- Youth past month marijuana use increased 20 percent in the two year average (2013/2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization.
  - Nationally youth past month marijuana use decline 4 percent during the same time.


- Colorado youth past month marijuana use for 2013/2014 was 74 percent higher than the national average compared to 39 percent higher in 2011/2012.
Section 3 – Adult Marijuana Use:

- College-age past month marijuana use increased 17 percent in the two-year average (2013/2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011/2012).

  ○ Nationally college-age past month marijuana increased 2 percent during the same time.

- Colorado college age past month marijuana use for 2013/2014 was 62 percent higher than the national average compared to 42 percent higher in 2011/2012.

- Adult past-month marijuana use increased 63 percent in the two-year average (2013-2104) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011-2012).
  - Nationally adult past month marijuana use increased 21 percent during the same time.


- Colorado adult past month marijuana use for 2013/2014 was 104 percent higher than the national average compared to 51 percent higher in 2011/2012.

**Figure 10. Past 30-day marijuana use, 26 years or older, 2006–2014: NSDUH**

<table>
<thead>
<tr>
<th>Year</th>
<th>Colorado</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>5.4%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2007</td>
<td>5.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2008</td>
<td>6.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2009</td>
<td>7.3%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2010</td>
<td>8.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>2011</td>
<td>8.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>2012</td>
<td>7.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>2013</td>
<td>10.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2014</td>
<td>12.4%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

*indicates a statistically significant difference from 2014 with at least a p<.05

**Section 4 – Emergency Department Marijuana and Hospital Marijuana-Related Admissions:**

- Colorado Emergency Department visits per year related to marijuana:
  - 2013 – 14,148
  - 2014 – 18,255
• Emergency Department rates likely related to marijuana increased 49 percent in the two-year average (2013-2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011-2012).

• Number of hospitalizations related to marijuana:
  - 2011 — 6,305
  - 2012 — 6,715
  - 2013 — 8,272
  - 2014 — 11,439

• Hospital rates likely related to marijuana increased 32 percent in the two-year average (2013-2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011-2012).

---

**Marijuana-Related Emergency Room Visits**

![Graph showing emergency room visits](image)


---

**Section 5 – Marijuana-Related Exposure:**

• Marijuana-related exposures increased 100 percent in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average (2010-2012) prior to legalization.

• Marijuana-only exposures increased 155 percent in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average (2010-2012) prior to legalization.
Section 6 – Treatment:

- Marijuana treatment data from Colorado in years 2005 – 2015 does not appear to demonstrate a definitive trend. Colorado averages approximately 6,500 treatment admissions annually for marijuana abuse.
- Over the last ten years, the top three drugs involved in treatment admissions, in descending order, were alcohol (average 13,382), marijuana (average 6,652) and methamphetamine (average 5,298).

Section 7 – Diversion of Colorado Marijuana:

- Highway patrol yearly interdiction seizures of Colorado marijuana increased 37 percent from 288 to 394 (2013-2015), since recreational marijuana was legalized.
- Of the 394 seizures in 2015, there were 36 different states destined to receive marijuana from Colorado. The most common destinations identified were Missouri, Illinois, Texas, Iowa, and Florida.

Section 8 – Diversion by Parcel:

- Seizures of Colorado marijuana in the U.S. mail has increased 427 percent from an average of 70 parcels (2010-2012) to 369 parcels (2013-2015) in the three years that recreational marijuana has been legal.
- Seizures of Colorado marijuana in the U.S. mail has increased 471 percent from an average of 129 pounds (2010-2012) to 736 pounds (2013-2015 in the three years that recreational marijuana has been legal.

Section 9 – Related Data:

- Crime in Denver and Colorado has increased from 2013 to 2015.
- Colorado annual tax revenue from the sale of recreational and medical marijuana was $115,579,432 (CY2015) or about 0.5 percent of Colorado’s total statewide budget (FY2016).
- “Denver is losing visitors and valuable convention business as a result of these overall safety (or perception of safety) issues...” – VISIT DENVER Report.
- As of January 2016, there were 424 retail marijuana stores in the state of Colorado compared to 322 Starbucks and 202 McDonald’s.
- 68 percent of local jurisdictions have banned medical and recreational marijuana businesses.
More Americans Are Smoking Marijuana And Driving, But Identifying Them Is Tricky

NOV 30, 2016 @ 03:02 PM By Rita Rubin

Determining whether a driver is impaired is fairly straightforward, along the lines of "can you touch your finger to your nose?"

Determining why a driver is impaired is a whole other matter. Sure, a breath analyzer test (Breathalyzer is one brand of such a test) can show whether a driver has been drinking alcohol and provide an estimate of the volume of it circulating in the blood. But what if alcohol wasn't the driver's drug of choice?

Alcohol breath analyzers don't detect marijuana. In fact, there's no comparable roadside test for that drug. And yet, as psychiatrist and marijuana researcher Dr. Igor Grant told me, "the number of stoned drivers has skyrocketed."

That's not surprising, considering that as of the Nov. 8 election, 28 states and the District of Columbia have legalized medical marijuana, while eight states and the District of Columbia have decriminalized its recreational use.

"In Seattle, they're driving down the street smoking (marijuana) in their cars," toxicologist Marilyn Huestis, an adjunct professor at the University of Maryland School of Medicine, told me (Washington state decriminalized recreational marijuana use 2 1/2 years ago).

A week after the election, Grant, chair of psychiatry and director of the Center for Medical Cannabis Research at the University of California, wrote about the challenge of assessing whether someone is too doped to drive.

"Obviously, marijuana is a psychoactive drug, so it does affect people's memory and coordination. That's incontrovertible," Grant told me in an interview. "To what extent are driving abilities impaired?" The state of California has awarded him and his colleagues $1.8 million to answer that question and then create a sobriety test for marijuana that can be used roadside, like alcohol breath analyzers.

With alcohol, pretty much the more people drink, the worse they drive. So higher blood alcohol levels are tied to greater impairment, which is why most states impose stiffer penalties on drivers with high levels.

But, as Grant noted in his recent article, the relationship between marijuana and driving
isn't as linear. Blood levels of THC, or tetrahydrocannabinol, the active ingredient in marijuana, spike as soon as a person smokes a joint, but their driving skills might not be impaired because the THC hasn't yet reached their brain. On top of that, chemical evidence of marijuana in people who've been frequent users can linger for weeks after they stop using it.

Many laboratories around the world are trying to develop a marijuana breath test, said Huestis, who retired this year from the National Institute on Drug Abuse (NIDA), where she served as chief of chemistry and drug metabolism in the intramural research program. At NIDA, Huestis tested the accuracy of a breath test in chronic and occasional marijuana users. She and her colleagues found that the test could detect THC shortly after both types of users smoked a single marijuana cigarette, but not in every occasional user.

Australia and some states use roadside saliva tests to detect recent use of marijuana and other drugs, but the THC level in saliva doesn't correlate with the level in blood. Smoking or eating marijuana contaminates the lining of the mouth with deceptively high THC levels, which might take 2 or 3 hours to come down to a level that more closely resembles that in the blood, Huestis said.

States use blood tests that can measure impaired driver's THC levels, but the tests typically aren't administered for 1 1/2 to 4 hours after police have pulled them over or they've been in an accident, Huestis said. The problem is that THC blood levels drop rapidly, so the tests don't reflect how much was in drivers' blood while they actually were driving, she said.

Huestis coauthored a study published in the February issue of Clinical Chemistry that found THC blood levels dropped from well above the legal threshold set by some states to below it within only about 3 1/2 hours of inhaling vaporized THC. "We all knew it, but in this study we proved it," she said.

The need for a roadside marijuana test is urgent, because while drunken driving has declined, drugged driving has increased. Data from road traffic arrests and fatalities indicate that marijuana is second only to alcohol among the most frequently detected psychoactive substances in drivers, according to the National Highway Traffic Safety Administration (NHTSA).

The National Highway Traffic Safety Administration has conducted five surveys of U.S. drivers' alcohol use since 1973, but in its latest, the 2013-2014 National Roadside Survey, was only the second to collect information about the use of other drugs, both illegal and legal, that could affect driving.
Man who ate pot candy must stand trial in wife's killing

DENVER - A judge ordered a Denver man on Friday to stand trial in the killing of his wife, who told dispatchers moments before her death that he was paranoid and hallucinating after eating marijuana-infused candy. Defense attorneys for 48-year-old Richard Kirk suggested during a preliminary hearing that he was so impaired by the pot that he may not have intended to kill his wife.

But Judge Elizabeth Starrs said there was enough evidence for a trial on a charge of first-degree murder because Kirk showed he had the wherewithal to remember the code to a locked gun safe and press the weapon to his wife's head nearly 13 minutes into her call with the 911 dispatcher.
"That's more than enough evidence to establish probable cause," Starrs said.

The ruling came after more than two hours of testimony from Denver police Detective Troy Bisgard, who drew no conclusions about whether the candy Kirk bought at one of Colorado's pot shops had influenced his erratic behavior on the night of the April 14 shooting.
He said the only substance found in Kirk's blood was THC, marijuana's intoxicating chemical.

The detective said the victim, 44-year-old Kristine Kirk, told dispatchers her husband was so impaired after eating the "Karma Kandy Orange Ginger" that he was crawling through a bedroom window and cutting his legs on broken glass.

Detective Bisgard also testified that Kristine Kirk was covered by a $340,000 life insurance policy and that the couple's marital and financial problems were escalating.
The April shooting stoked concerns about the effects of the largely unmonitored marijuana snacks, which have become increasingly popular since the state legalized recreational pot shops this year. Regulators are still considering new controls on edible pot.

Bisgard testified that Kristine Kirk told dispatchers her husband was acting more drunk than violent, and dispatchers could hear her screaming at him not to retrieve a gun before a shot was fired and the line went silent.

Police could be heard knocking on the door several minutes later.

Kristine Kirk told her closest friends in the days before she died that she and her husband were fighting intensely, and she had grown afraid of him, Bisgard testified.

Their struggles involved more than $40,000 in debt and $2,500 they owed to the Internal Revenue Service, he said. He told the judge that Richard Kirk stood to gain from his wife's $340,000 life insurance policy.

Richard Kirk's defense attorney Shanelle Kindel noted that the package of "Karma Kandy" bore no information about suggested dosages. And though Detective Bisgard said Kirk's THC levels were relatively low, Kindel said
the effects of marijuana edibles can be felt in small amounts.
A clerk at the pot shop told police it didn't seem that Kirk had much experience with marijuana when he came into the shop, Bisgard said.

Bisgard described the 911 call in which Kristine Kirk became increasingly panicked and frantic, begging dispatchers to hurry and send officers because she worried that her husband would harm their three children.

During that time, she told dispatchers Richard Kirk was intermittently laying on their son's bedroom floor and telling her to grab the gun from the safe and shoot him.
Dispatchers heard screaming, a gunshot and then silence.
After the shooting, Richard Kirk told his 7-year-old son to kill him so, "Dad and Mom can be together with God," Bisgard said.

According to CBS Denver, the children also told police they had never seen their dad behave the way he did that night.

© 2014 CBS Interactive Inc. All Rights Reserved. This material may not be published, broadcast, rewritten, or redistributed. The Associated Press contributed to this report.
Guilty plea entered in Colorado pot-candy killing case

DENVER (AP) — A Denver man who claimed that eating marijuana-infused candy led him to kill his wife pleaded guilty in her death on Friday.

Richard Kirk, 50, pleaded guilty to second-degree murder in the April 2014 shooting death of Kristine Kirk under a plea deal with prosecutors, who dropped a first-degree murder charge against him.

Kirk faces between 25 to 30 years in prison and five years of parole when he’s sentenced April 7. He had faced the possibility of life in prison under the first-degree murder charge.

Kirk initially pleaded not guilty, but in 2015 he changed his plea to not guilty by reason of insanity. The defense said he was intoxicated with THC, marijuana’s psychoactive ingredient, which led to delirium.

Before she was shot, Kristine Kirk told a 911 dispatcher her husband was hallucinating and was getting a gun after eating pot candy.

Authorities said low levels of THC were found in his blood, and a partially eaten piece of marijuana candy was found in the house. According to investigators, the couple had escalating marital and financial problems, and Kristine Kirk had told a friend she was afraid of her husband because they had been fighting so much.

District Attorney Beth McCann declined to say what role marijuana may have played in the killing, but she said the judge would hear testimony about any "mitigation or aggravation" at sentencing. "The family did not want the case to go to trial given the personal and emotional toll family members have already suffered," she said.

Defense lawyers declined comment. Under the plea deal, Kirk allowed his wife’s parents, Marti and Wayne Kohnke, to adopt the couple’s three children.

Last year, the Kohnkes sued two marijuana businesses that sold candy to Richard Kirk, saying they failed to warn him about its potency and possible side effects.

In response to the Kirk case and the death of a college student who jumped from a hotel balcony after eating a potent marijuana cookie, Colorado lawmakers tightened regulations on edible marijuana and the state now has stricter potency limits.
PRESS RELEASE

For Immediate Release

February 9, 2017

Contact Persons:

Captain Shawn Bride
231-724-6751

Director Jeffrey Lewis
231-724-6955

At 7:51am on February 8, 2017, Muskegon Fire Department was dispatched to 181 S Getty for a report of a fire. Upon fire crew arrival, the fire was extinguished.

The location is a commercial facility which is owned by a 36 year old white male from Muskegon. It has 4 licensed Medical Marijuana Grow operation inside of it and another tenant occupying a garage. The garage tenant discovered the fire and call 911.

Through an investigation done by the Muskegon Fire Department and West Michigan Enforcement Team it was determined the fire caused by an explosion. The explosion is believed to be the result of butane igniting from a refrigerator motor. The butane was used in the making of suspected Butane Hash Oil (BHO) by a 35 year old white male who is an assistant to the location owner. The fire was extinguished by a broken water pipe.

The location was inspected by personnel from Safebuilt. There was minimal structural damage. There was extensive damage to the electrical system. Damages are estimated to be $60,000 to $70,000.

The incident is under investigation. If anyone has any information on this incident please call the Muskegon Police Department as 231-724-6750 or Silent Observer at 231-722-7463.

Authorized release:

Director of Public Safety Administrative Offices.
Marijuana oil processing explosion rocks Muskegon Township home, fire chief says

By Lynn Moore | lmoore8@mlive.com
Follow on Twitter

on December 05, 2016 at 12:35 PM, updated December 05, 2016 at 1:53 PM

MUSKEGON TOWNSHIP, MI – A "very dangerous" marijuana hash oil extraction process is being blamed for a house explosion and fire in Muskegon Township Monday morning.

Firefighters were called to a "kitchen fire" just before 8 a.m. at a home in the 2400 block of East Laketon Avenue.

When they arrived, they saw heavy smoke and flames coming out the rear of the home and three adult occupants standing outside, said Muskegon Township Fire Chief Dave Glotzbach. They also noticed a very large picture window at the front of the home had blown out, he said.

"When we saw that, we knew we had some sort of an explosion," Glotzbach said.

An occupant was interviewed to determine the cause of the explosion and what sort of hazard firefighters were facing, he said. That's when they were told the woman had been using butane to extract oil from marijuana, Glotzbach said.

"It is a very, very dangerous process," he said. "The fact it blew the entire picture window out tells you the type of pressure that was in there."

He said the three occupants, and especially the woman who was doing the extraction, were very lucky to avoid serious injury.

A U.S. Attorney in March issued a statement regarding butane hash oil, or BHO, labs, calling them a public safety threat.

"This activity poses an enormous threat to human life," Peter F. Neronha of Rhode Island said. "Where BHO manufacturing is going on, no one is safe: not those involved in the illegal operation themselves; not those who happen to be living or visiting nearby; not first responders."

Users make hash oil by running butane or another solvent through a tube filled with dried marijuana clippings, left over after the flowers have been cut off for smoking, according to USA Today. The solvent strips the THC, or psychoactive compound, out of the plants, leaving behind an oily liquid that can be further solidified by heating the mixture to evaporate the butane, according to the newspaper report.

Because it's heavier than air, the butane sinks to ground level, where it can be ignited by a stove's pilot light or a refrigerator's compressor motor, the newspaper reported.

Firefighters at the East Laketon Avenue scene were able to put the fire out fairly quickly, Glotzbach said. The kitchen sustained heavy damage, while an adjoining dining room had heat and smoke damage, he said. Damages were estimated at $20,000.
Medical Marijuana: Bad for Your Community

20 Questions

1. Is it true that regardless of any state law, recreational and medical marijuana use is still illegal on the federal level?

2. Do you agree the Federal Drug Enforcement Administration has classified marijuana as a Schedule 1 controlled substance because of its high potential for abuse and the fact that there is no currently accepted national standard for use as medical treatment?

3. Do you agree that the expansion of marijuana use has a negative impact on surrounding business communities?

4. Are you aware that marijuana use and criminal involvement are highly related?¹

5. Do you agree that medical marijuana is often sold by storefront dispensaries, not in medically controlled circumstances, and is not monitored by physicians?

6. Do you agree that in other states, the storefront dispensaries have become magnets for crime and increase law enforcement costs?²

7. Do you agree that the common byproduct related to dispensaries include drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, robberies of customers near the facilities and the loss of other commercial businesses that do not want to locate near marijuana dispensaries?³

8. Are you familiar with the statistics provide by the Denver Department of Safety, that Denver recorded 7,000 reported crimes within 1,000 feet of dispensaries in the first six (6) months of both 2012 and 2013?⁴

9. Are you familiar with a study that found employees who tested positive for marijuana have 55 percent more industrial accidents and 85 percent more injuries than non-users, and 78 percent have higher absentee rates than non-users?⁵

10. Are you aware that drug-using employees have been shown to have up to 300 percent higher medical costs, which increase insurance rates for employers and employees?⁶

11. Do you agree permitting establishments to sell marijuana for medical purposes may impact residential and commercial property values?

12. Are you aware that in Colorado's Northwest Region, where sales are permitted in some counties, that region had a fifth consecutive quarter of increased new listings over previous years, meaning more people are trying to move away from the region?

13. Are you aware this region's sales dropped two percent, one of only two regions in the state showing a decline, indicating fewer people want to purchase homes in this area?⁷


² www.rethinkpot.org

³ Id.

⁴ www.denvergov.org/Safety

⁵ http://draf.org/assets/docs/What_to_say_about_marijuana_and_the_workplace.pdf


⁷ http://www.coloradorealtors.com/will-recreational-marijuana-affect-real-estate/
14. Are you aware people are moving from Colorado’s Metro Region to counties in other regions such as the Northeast, where recreational sales of marijuana are prohibited (sales of homes in the Northeast Region have increased 19 percent)?

15. Do you agree expanding the use of marijuana, even for medical treatment purposes, may have negative impacts on the health and safety of our community?

16. Are you aware after marijuana was legalized in Colorado, several fourth-graders were disciplined for selling and swapping marijuana legally purchased by family members?

17. Are you aware these students were trading and selling the marijuana at their elementary school?

18. Are you aware there are more than 120 ER visits related to marijuana use for every 100,000 people in the United States?

19. Are you aware that studies show that marijuana plays a significant role in car crashes?

20. Are you aware that between 2006 and 2010, the Colorado Department of Highway Safety reported that at least 183 people were killed by drivers who tested positive for cannabis, after Colorado legalized marijuana for medicinal purposes?

---

8 Id.
10 Michael Archambault, Elizabeth McNeill, Pat Roe, Benefits-Cost Analysis of Initiative S02: Legalization of Marijuana in Washington, University of Washington Research
11 The Impact of Marijuana on Society 2005, September 2002