

# Medical marijuana law needs to be clarified and tightened

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**By Jessica R. Cooper**

Like the Sheriff, my sworn obligation is to enforce the laws — all the laws.

Marijuana is a Schedule I narcotic that is illegal to possess, sell, distribute, cultivate or manufacture, under both Michigan and federal law. While there may be limited exemptions to individuals qualifying under the Michigan Medical Marijuana Act (MMMA), there are no exemptions under federal law for anyone.

The MMMA is very specific on what is allowed and any activity beyond that is illegal.

Qualifying patients cannot share their marijuana or sell to each other or anyone else; patients can ONLY obtain it by growing a limited number of plants or from a designated caregiver who can grow and harvest for it.

As a caregiver, such designated person may have a maximum of five designated patients and may only grow or harvest on behalf of those five patients and no one else.

Accordingly, no dispensaries that “sell marijuana” are allowed under Michigan law and they are clearly prohibited under federal law. The Michigan Department of Community Health also interprets the law as saying that it is illegal to operate a marijuana dispensary and the Court of Appeals, in *People v. Redden and Clark*, addresses the prohibition in Judge O’Connell’s concurrence.

The passage of the MMMA was done in the spirit of compassion, because the public believed it would provide relief to those suffering certain severe and debilitating diseases.

However, there is a proliferation of individuals who are attempting to use the MMMA as a shield to conduct criminal activities never contemplated by the voters. Compassion means little or nothing to these people.

People who qualify under the Act as having legitimate and debilitating diseases should not have to deal with products infused with benzene gas or pesticides, or products with varied and incalculable amounts of THC. We don’t allow adulterated foods; we have a Liquor Control Commission to regulate the distribution and sale of alcohol; we control the sale of tobacco; we dispense drugs from a pharmacy, subject to regulations by the

FDA. Why should medical marijuana be any different? The voters intended to allow qualified people to be treated with a substance that a doctor in a bona fide doctor/patient relationship recommended. Voters should also be concerned with the purity, dosage and the source of the substance that is being ingested.

The public is constantly warned by the medical profession about the dangers of smoking and how it relates to cancer, diabetes and heart disease. **It is difficult to imagine that legitimate doctors would sign 55,000 certifications recommending smoking for patients with debilitating diseases.** Most of these certifications were obtained from physicians having questionable motives who have set up “certification shops” cranking out unjustified certificates at an alarming rate.

And, even more alarming, the Act allows children to be issued Medical Marijuana patient cards. While children’s cards require two physicians’ letters as opposed to one, this provides little comfort since the Department of Community Health is so overwhelmed that it does not question whether any applicant and the doctor have a bona fide doctor/patient relationship or whether the doctor is even qualified to make such a recommendation.

Further, there is no prohibition against smoking in front of children and no requirement that would protect them from second-hand smoke.

The MMMA, as it stands today, does not adequately protect the people it was designed to help and it leaves open questions of public safety and protection of minors.

The people have spoken on medical marijuana; the legislature now needs to act to refine the law.

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