

Is This What the Doctor Ordered?



Presented by:

Kenneth Stecker
Prosecuting Attorneys Association of Michigan





Overview

Michigan Medical Marihuana Act





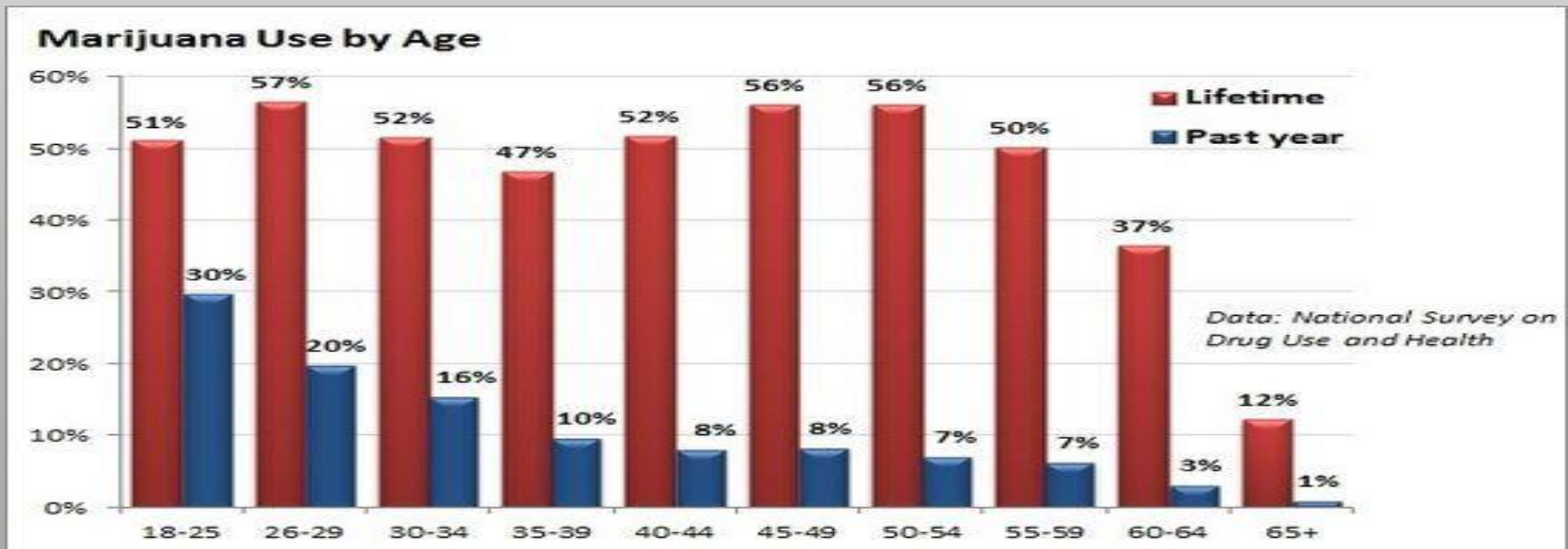
What is Marihuana?

- Marihuana is a green, brown, or gray mix of dried, crumbled parts from the marihuana plant.
- It can be rolled up and smoked like a cigarette or cigar or smoked in a pipe. Sometimes people mix it in food or inhale it using a vaporizer.
- Classified as a Schedule 1 controlled substance, marihuana is a mood-altering (psychoactive) drug that affects almost every organ in the body.
- The principal psychoactive constituent of marihuana is tetrahydrocannabinol (THC); it is one of 483 known compounds in the plant.

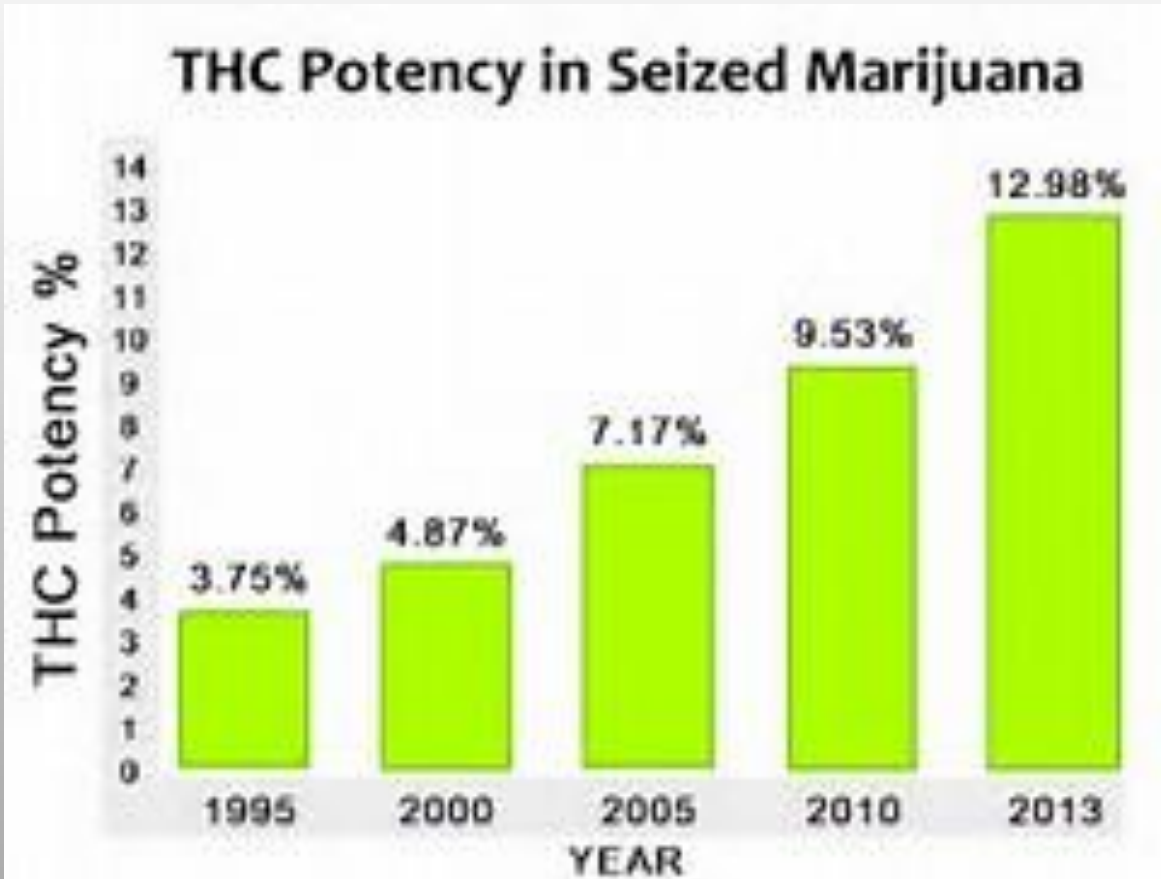


Who is using Marijuana?

- Marijuana is the most commonly used illicit drug in the United States.
- Surveys show that 34.9 percent of 12th graders in the United States use marijuana, and that close to 6 percent of 12th graders report daily use of the drug.
- According to the 2013 National Survey on Drug Use and Health (NSDUH), 19.8 million adults in the U.S. used marijuana in the month prior to being surveyed, and 81 percent of current illicit drug users had used marijuana.



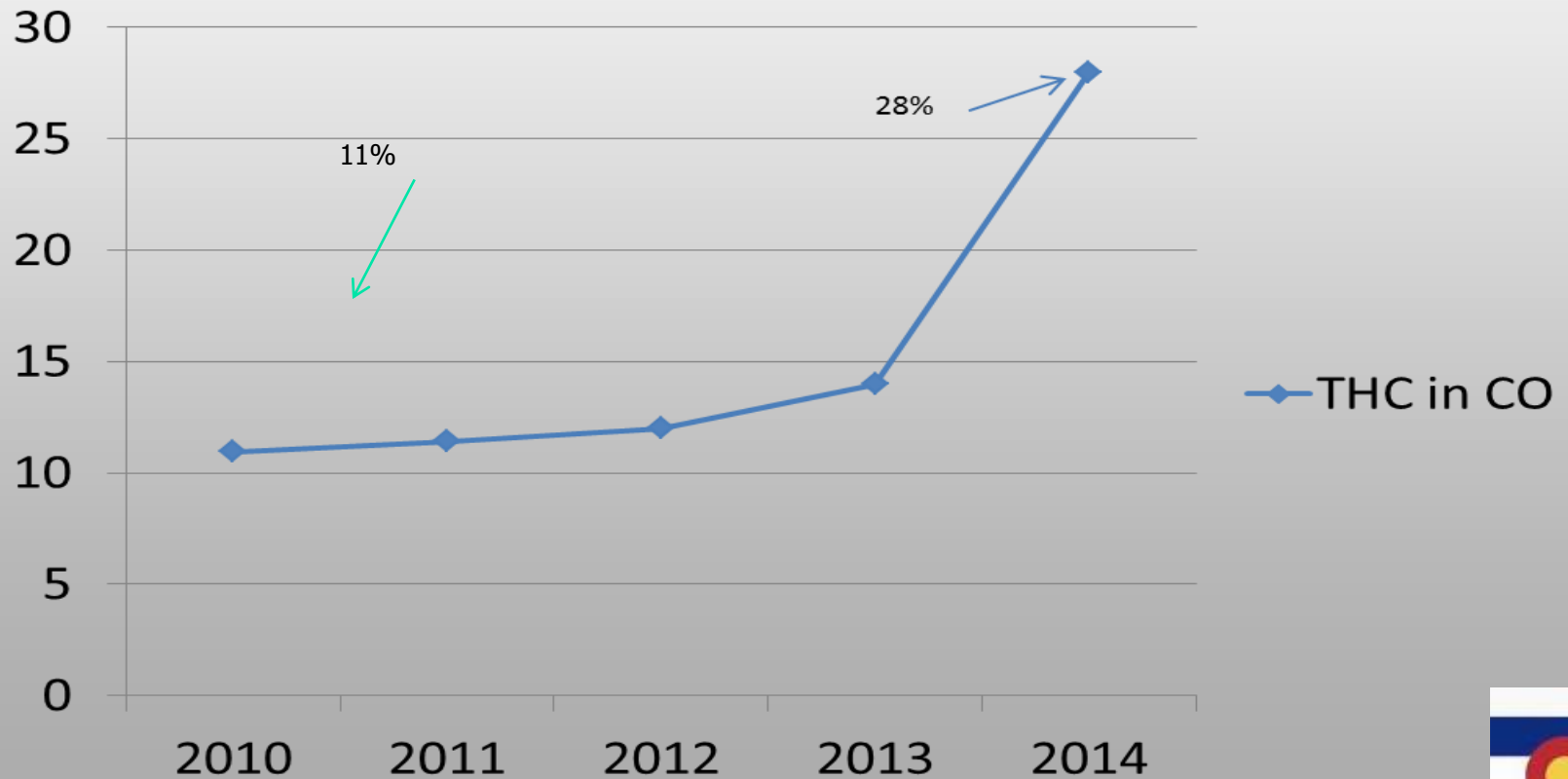
THC Potency in Seized Marijuana



Michigan Medical Marijuana Act

Last 4 years in Colorado

155.47% increase in THC levels



Michigan Medical Marihuana Act



Lab Tested, Stoner Approved

HIGH TIMES

All About
Sativas

Cloning
Made Easy

ROOR: Empire
of Glass

Inside Occupy

The
STRONGEST
STRAINS
on Earth!

OG GHOST TRAIN
HAZE
THC ANALYSIS:
25.49%

40
YEARS

15 Strains Over 23% THC

HIGH TIMES

Dab School

Making Concentrates

Colorado's New
Pot Shops

Growroom
Problems
Solved

The
STRONGEST
STRAINS
on Earth!
2014

BRUCE
BANNER #3
THC ANALYSIS:
28.3%

John
Stossel
Fire Is Your Right

High Spies
of the Mossad

Grow Secrets Of Light Dep

HIGH TIMES

24 Top Pot
Destinations

Colorado's
Bad Biz Boom

SoCal Cup
Winners

The
STRONGEST
STRAINS
on Earth!
2016

CHEM DOG
THC ANALYSIS:
32.13%

Tanner Hall's
Extreme Highs

Machine
Gun Kelly
Smokes Em



Medical Marijuana States

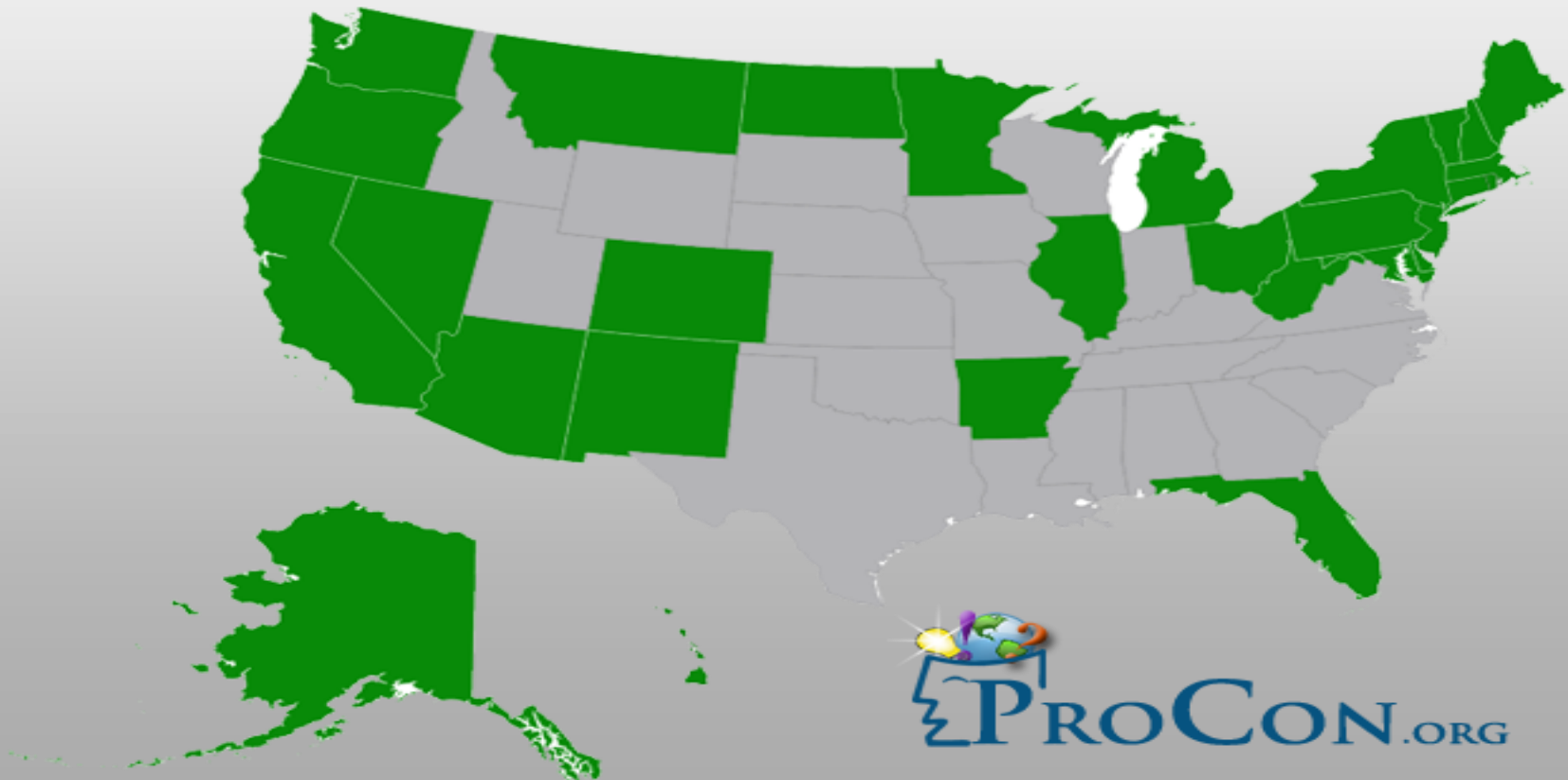
- 1996 - California
- 1998 – Alaska, Oregon & Washington
- 1999 – Maine
- 2000 – Colorado, Hawaii & Nevada
- 2004 – Montana & Vermont
- 2006 – Rhode Island
- 2007 – New Mexico
- 2008 – Michigan
- 2010 – Arizona, DC & New Jersey
- 2011 – Delaware
- 2012 – Connecticut, Massachusetts
- 2013 – Illinois, New Hampshire
- 2014 – Maryland, Minnesota, New York
- 2016 – Pennsylvania, Ohio, North Dakota, Arkansas, and Florida
- 2017 – West Virginia





Map of Medical Marihuana States

29 LEGAL MEDICAL MARIJUANA STATES AND DC



Michigan Medical Marihuana Act

Recreational Marihuana States

- Alaska
- California
- Colorado
- District of Columbia
- Maine
- Massachusetts
- Nevada
- Oregon
- Washington





Michigan Marihuana Patient Statistics

- The State of Michigan has 218,556 registered patients per the FY 2016 annual LARA report.
- Michigan has the 2nd most medical marihuana patients in the United States (source: MPP.org).
- California has the most registered patients estimated at 720,442, followed by Colorado with the 3rd most patients at 102,620 (source: MPP.org).
- In Dickinson County, there are 840 registered qualifying patients, and 168 registered primary caregivers. In Emmet County, there are 807 registered qualifying patients, and 115 registered primary caregivers.



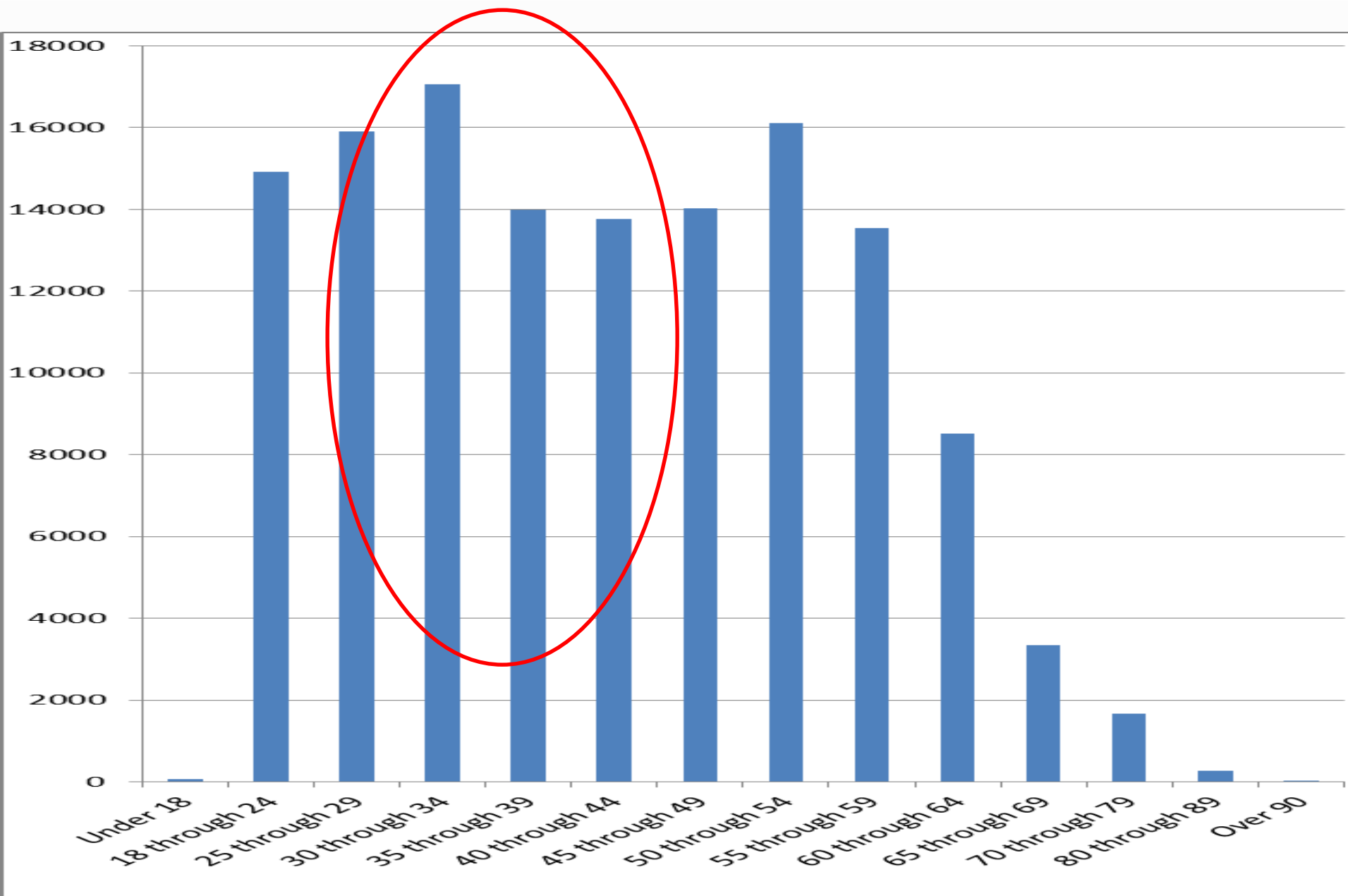
Nature of the debilitating medical conditions of the qualifying medical marihuana patients in Michigan

Name of Debilitating Condition	% of Patients Afflicted With Debilitating Condition (FY13)	% of Patients Afflicted With Debilitating Condition (FY14)	% of Patients Afflicted With Debilitating Condition (FY15)
AIDS	0.26%	0.75%	0.38%
Alzheimer's	0.03%	0.05%	0.05%
Amyotrophic Lateral Sclerosis	0.03%	0.04%	0.04%
Cachexia	0.62%	0.94%	0.83%
Cancer	2.63%	4.04%	4.47%
Crohn's Disease	0.77%	1.06%	1.11%
Glaucoma	1.03%	1.39%	1.45%
Hepatitis C	1.32%	1.74%	1.60%
HIV	0.27%	<i>(now combined with AIDS; see above)</i>	0.40%
Nail Patella	0.02%	0.03%	0.02%
PTSD	n/a	0.38%	2.97%
Seizures - Epilepsy	1.29%	2.05%	2.12%
Severe & Chronic Pain	68.44%	93.70%	92.86%
Severe & Persistent Muscle Spasms	18.71%	25.66%	23.39%
Severe Nausea	7.68%	9.62%	8.95%
Wasting Syndrome	0.62%	0.97%	0.85%

Source: Michigan Department of Licensing & Regulatory Affairs:
<http://www.michigan.gov/lara/0,4601,7-154-72600-358865--,00.html>

The total adds up to more than 100% because most patients are diagnosed with more than one debilitating medical condition. The tables above show the percentages of all patients diagnosed with each condition.

Age of Registered Qualifying Patients





Michigan Public Health Code

- Marijuana is classified as a Schedule 1 drug under the Michigan Public Health Code, MCL 333.7212.
- It is a Schedule 1 drug if the Michigan Board of Pharmacy:

"Finds that the substance has high potential for abuse and has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision."

Michigan Medical Marijuana Act



Michigan Medical Marijuana Certification Now!
GET LEGAL TODAY!

CERTIFICATIONS	\$99
RENEWALS	\$69

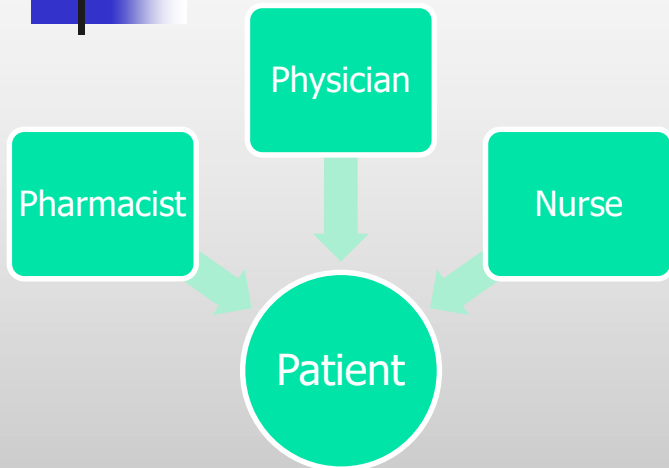
* Each Primary and Secondary Consultant
* No Hidden Fees
* Our Physicians and Staff Are Committed to Providing The Most Comprehensive and Professional Environment for Patients To Discuss Their Use of Cannabis for the Alternative Treatment

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Walk-Ins Welcome!

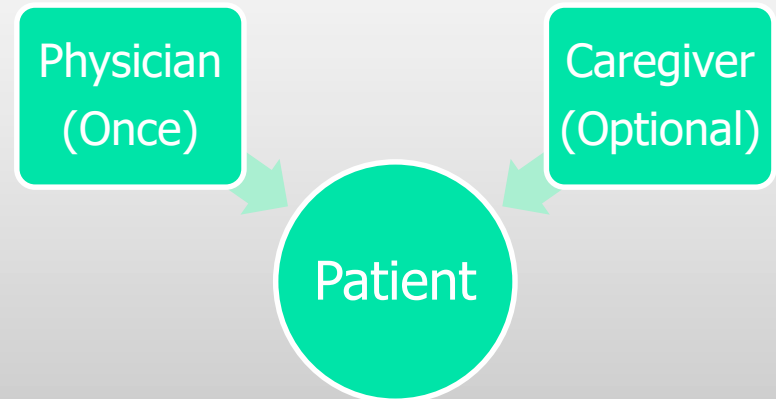
medcardmi.com



Comparison with Prescriptions



- MAPS Report
- FDA Approval for drug
- DEA License for drug manufacturer
- DEA License for Physician
- DEA License for Pharmacist
- State License for Physician
- State License for Pharmacist
- State License for Nurse



- No MAPS Report
- No FDA Approval for drug
- No regulation for manufacturer
- No DEA License for Physician
- No Pharmacist
- No license for caregiver
- No requirement for physician to have contact with caregiver



Federal Law

Michigan Medical Marijuana Act

Federal Law



- Controlled Substances Act (1970)
 - Marihuana is a Schedule I drug: *"No currently accepted medical use"*
 - No legal distinction between medical and recreational use
 - Up to 1 year in federal prison, \$100,000 fine for first possession offense
 - Up to 5 years in federal prison, \$250,000 fine for first manufacturing offense



Drug Enforcement Administration (DEA) Position – June 11, 2011

- Marijuana has a high potential for abuse.
- Marijuana has no currently accepted medical use in treatment in the United States.
- Marijuana lacks accepted safety for use under medical supervision.
 - http://www.dea diversion.usdoj.gov/fed_regs/rules/2011/fr0708.htm

D.C. Circuit Court of Appeals in *Americans for Safe Access v. Drug Enforcement Administration*- Decided January 22, 2013



Drug Enforcement Administration's Position – August 11, 2016

- On August 11, 2016, Drug Enforcement Administration (DEA) announced it will keep marijuana illegal for any purpose, and will not recommend that it be reclassified from a Schedule 1 drug to a Schedule 2 drug.
- The DEA stated "A Health and Human Services evaluation shows marijuana has no 'currently accepted medical use' because the drug's chemistry is not known and reproducible; there are no adequate safety studies; there are no adequate and well-controlled studies proving efficacy; the drug is not accepted by qualified experts; and the scientific evidence is not widely available."



Department of Justice Position - October 19, 2009

- The Department of Justice put forth legal guidelines for prosecution of marihuana cases under Federal law.
- Prosecutors were advised “It is not a good use of time to arrest people who use or provide medical marihuana in strict compliance with state law.”



Department of Justice Position - June 29, 2011

- The Department of Justice clarified its previous position:
- “The Department’s position in October 2009 was never intended to shield such activities from federal enforcement action and prosecution, even where those activities purport to comply with state law.”



Department of Justice's Position – August 29, 2013

- “The Department's guidance rests on its expectation that states and local governments that have enacted laws authorizing marijuana-related conduct will implement strong and effective regulatory and enforcement systems that will address the threat those state laws could pose to public safety, public health and other law enforcement interests.”





Department of Justice - August 29, 2013

- Department of Justice will still prosecute individuals or entities to prevent:
 - the distribution of marihuana to minors
 - revenue from the sale of marihuana from going to criminal enterprises, gangs and cartels
 - the diversion of marihuana from states where it is legal under state law in some form to other states
 - state-authorized marihuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity
 - violence and the use of firearms in the cultivation and distribution of marihuana
 - drugged driving and the exacerbation of other adverse public health consequences associated with marihuana use
 - growing of marihuana on public lands and the attendant public safety and environmental dangers posed by marihuana production on public lands
 - preventing marihuana possession or use on federal property





ATF Open Letter – September 21, 2011

- “Any person who uses or is addicted to marihuana, regardless of whether his or her State has passed legislation authorizing marihuana use for medicinal purposes, ... is prohibited by Federal law from possessing firearms or ammunition.”
- See, *Wilson v. United States*, No. 14-15700, decided August 31, 2016 (9th Circuit Court of Appeals)



Justice Department No. 2 Comments – September 14, 2017

- "We are reviewing that policy. We haven't changed it, but we are reviewing it. We're looking at the states that have legalized or decriminalized marijuana, trying to evaluate what the impact is," Deputy Attorney General Rod Rosenstein said in an appearance at the conservative Heritage Foundation.
- "I think there is some pretty significant evidence that marijuana turns out to be more harmful than a lot of people anticipated, and it's more difficult to regulate than I think was contemplated ideally by some of those states," he said.





“Marihuana is still Illegal” –September 20, 2017

- Attorney General Jeff Sessions stated “ I’ve never felt that we should legalize marihuana. It doesn’t strike me that the country would be better if it’s being sold at every street corner.”
- “States, they can pass the laws they choose,” he said. “I would just say, it does remain a violation of federal law to distribute marihuana throughout any place in the United States, whether a state legalizes it or not.”



Safe Streets Alliance v Alternative Holistic Healing, LLC, No. 16-1048 (10th Circuit Court of Appeals, June 7, 2017)

- The federal Racketeer-Influenced and Corrupt Organization Act (RICO) allows private citizens to sue “racketeering” enterprises that injure the plaintiff’s “business or property.”
- Drug growing or distribution that is a felony under federal law qualifies as racketeering activity.
- The 10th Circuit Court of Appeals ruled “Private citizens could sue neighboring marihuana growers under the federal RICO law, on the theory that the growers are interfering with the neighbor’s use of their land.”
- The Court stated “It is reasonable to infer a potential buyer would be less inclined to purchase land abutting an openly operating criminal enterprise than she would be if that adjacent land were empty or occupied by a lawfully-operating retailer.”





Public Act 281

Michigan Medical Marihuana Act



Overview

Michigan Medical Marihuana Act

Public Act 281, Effective 12/20/2016

- Creates the Medical Marihuana Facilities Licensing Act to establish a licensing and regulation framework for medical marihuana growers, processors, secure transporters, provisioning centers, and safety compliance facilities.
- Establishes the licensure process within the Department of Licensing and Regulatory Affairs (LARA).
- Creates the Medical Marihuana Licensing Board within LARA to implement the Act, including the licensing process, and give the Board jurisdiction over the operation of all marihuana facilities.





Public Act 281 (continued)

- Requires applicants for a license to pay an application fee and requires licensees to pay an annual regulatory assessment, which will be deposited in a new Marihuana Regulatory Fund.
- Requires money in the Fund to be used for implementing, administering, and enforcing the Act.
- Requires licensees to adopt and use a third-party inventory control and tracking system.
- Creates the Marihuana Advisory Panel to make recommendations to the Board.





Board and LARA

Michigan Medical Marihuana Act



Medical Marihuana Licensing Board

- A five-member Medical Marihuana Licensing Board is created within LARA:
 - Must be residents of Michigan, appointed by the Governor
 - Governor must designate one member as the chairperson
 - Appointed for terms of four years, except for original appointments of 2 and 3 years
 - May not hold any other public office for which he or she receives compensation, except necessary travel or other incidental expenses
 - Not eligible if not of good moral character, or has been indicted for, charged with, or convicted of, pled guilty or no contest to, or forfeited bail concerning any felony or misdemeanor involving a controlled substance violation, theft, dishonesty, or fraud
 - To be reimbursed for expenses.
- LARA must employ an executive director and other personnel to assist the Board.





Appointments to the Licensing Board

- On May 26, 2017, Governor Rick Snyder announced the appointments to the Medical Marihuana Licensing Board.
 - Nichole Cover - Pharmacist and healthcare supervisor for Walgreens (December 31, 2018).
 - Rick Johnson (Chairperson) - Former Speaker of the House for the Michigan House of Representatives (December 31, 2019).
 - Donald Bailey - Retired as a sergeant from the Michigan State Police with 36 years of law enforcement experience (December 31, 2020).
 - David LaMontaine - Business agent and executive board member for the Police Officer's Association of Michigan (December 31, 2019).
 - Vivian Pickard – President and CEO of the Pickard Group Consulting Firm (December 31, 2020).





Board Responsibilities

- The Board will have general responsibility for implementing the Act, including the following duties:
 - Granting or denying each application for a State operating license within a reasonable time
 - Deciding on all license applications in reasonable order
 - Implementing and collecting the application fee, the regulatory assessment, and the tax on provisioning centers
 - Providing for the levy and collection of fines for a violation of the Act
- **The Board may not set rules establishing a limit on the number or type of marihuana facility licenses that may be granted.**





Board Jurisdiction

- The Board has jurisdiction over the operation of all marihuana facilities, including, but not limited, to the following:
 - Investigating applicants for State operating licenses, determining the eligibility for licenses, and granting licenses to applicants
 - Investigating all individuals employed by marihuana facilities
 - Entering the premises, offices, facilities, or other places of business of a licensee, at any time and without a warrant or notice to the licensee, if evidence of compliance or noncompliance with the Act or rules is likely to be found and consistent with constitutional limitations, for specified purposes



Rules from LARA

- LARA, in consultation with the Board, is required to put in place rules and emergency rules as necessary to implement, administer, and enforce the Act.
- The rules must ensure the safety, security, and integrity of the operation of the marihuana facilities, and include, but not limited to, the following rules:
 - Set appropriate standards for marihuana facilities and associated equipment
 - Set maximum THC levels for marihuana and marihuana-infused products sold or transferred through provisioning centers
 - Restrictions on edible marihuana-infused products sold or transferred through provisioning centers
 - Waste product disposal and storage by facilities
 - Storage





Marihuana Advisory Board

- Advisory Board will be created in LARA and may make recommendations to the Board concerning rule-making and, as requested by the Board or the Department, the administration, implementation, and enforcement of the Licensing Act and the Marihuana Tracking Act.
- Advisory Board will consist of 17 members, including the following individuals or their designees: Director of State Police, DHHS Director, LARA Director, Attorney General, and the Director of Agricultural and Rural Development. MCL 333.27801.
- Members must be appointed within three months after the Act's effective date. Appointed members will serve for terms of three years or until a successor is appointed, whichever is later.





Taxes and Fees

- A tax will be imposed on the retail income of each provisioning center (retail seller/dispensary) (3%).
- Taxes will not apply to registered primary caregivers or qualified registered patients, as they are not required to be licensed under the new regulatory scheme.
- A regulatory assessment will be imposed on certain licensees.





Distribution of Taxes and Fees

- Money in the Medical Marihuana Excise Fund is to be distributed as follows:
 - 25 percent to municipalities where the marihuana facilities are located, allocated in proportion to the number of marihuana facilities within the municipality.
 - 30 percent to the counties where marihuana facilities are located, allocated in proportion to the number of marihuana facilities within the county.
 - 5 percent to counties, exclusively to support county sheriffs. This would be in addition to, and not a replacement for, any other funding received by the county sheriffs.
 - 30 percent to the state for the following:
 - Until September 30, 2018, for deposit in the General Fund.
 - Beginning October 1, 2018, for deposit in the First Responder Presumed Coverage Fund created in Section 405 of the Worker's Disability Compensation Act.
 - 5 percent to the Michigan Commission on Law Enforcement Standards for training local law enforcement officers.
 - 5 percent to MSP. MCL 333.27602.

Michigan Medical Marihuana Act



Table 1

Medical Marihuana Excise Fund Distribution

Medical Marihuana Excise Fund Earmark	Percentage	Amount
First Responder Presumed Coverage Fund (GF/GP prior to 10/1/2017)	30%	\$6,402,600
Counties	30%	6,402,600
Municipalities	25%	5,335,500
Sheriffs	5%	1,067,100
MCOLES	5%	1,067,100
State Police	5%	1,067,100
TOTAL	100%	\$21,342,000



Breaking Down the \$\$\$\$\$

- 1 license allowed by the City of Portage City Council (Dispensary)
- Dispensaries statewide bring in \$90 million in revenue
- 3% tax paid by the dispensaries of \$90 million = \$3 million
- 1,000 licenses statewide = \$3,000.00
 - 25% to municipalities = **\$750.00** per license in that municipality
 - 30% to counties = \$900.00 per in that county
 - 5% to Sheriff's Department = \$150.00
 - 30% to State of Michigan = \$900.00
 - 5% to MCOLES = \$150.00
 - 5% to Michigan State Police = \$150.00



Protections from Civil, Criminal, and Administrative Penalties and Sanctions

- A person granted a state operating license who is operating within the scope of the license, and the licensee's agents, will not be subject:
 - to state or local criminal penalties regulating marihuana; state or local criminal or civil prosecution for marihuana-related offenses
 - certain searches or inspections
 - seizure of marihuana, real or personal property, or anything of value based on a marihuana-related offense
 - or license or other sanctions by a business, occupational, or professional licensing board or bureau based on a marihuana-related offense



Protected Activities – Page 2

- Protected activities include:
 - growing marihuana
 - purchasing, receiving, selling, transporting, or transferring marihuana from or to licensee or its agent, a patient, or a caregiver
 - possessing, processing, or transporting marihuana
 - possessing or manufacturing marihuana paraphernalia for medical use
 - transferring, testing, infusing, extracting, altering, or studying marihuana; and receiving or providing compensation for products or services





Protected Activities for Patients and Caregivers

- A patient or caregiver will not be subject to criminal prosecution or sanctions for purchases of marijuana from a provisioning center if the quantity purchased is within the limits established under the MMMA.
- A caregiver may transfer up to 2.5 ounces of marijuana to a safety compliance facility for testing without being subject to criminal prosecution or sanctions.
- The Act will not limit the medical purpose defense provided in Section 8 of the MMMA to any prosecutions involving marijuana.





Law Enforcement Authority

- A marijuana 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.





licensed Parties

Michigan Medical Marihuana Act

Licensed Parties

- 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





Licensing Process

- Application
- Application Fee
- Eligibility/Disqualifiers for Licensure (Background Checks)
- License Issuance and Renewal
- Transfer, sale, or purchase of license/loan against a license
- Liability insurance for licensees and applicants
- License sanctions/civil fines for violations
- Employees (Background checks)
- Proof of Financial Responsibility
- Until June 30, 2018, an applicant will be ineligible if he or she has not been a Michigan resident for the two-year period immediately before the date the application is filed.



Grower

- The term grower refers to a licensee that is a commercial entity located in Michigan that cultivates, dries, trims, or cures and packages marihuana for sale to a processor or provisioning center.
- A grower license will authorize the grower to grow not more than the following number of marihuana plants under the indicated class for each license the grower holds in that class:
 - Class A: 500 plants
 - Class B: 1,000 plants
 - Class C: 1,500 plants
- The grower may not be a secure transporter, safety compliance facility, registered primary caregiver, or employ an individual who is simultaneously a registered primary caregiver.





Processor

- The term processor refers to a licensee that is a commercial entity located in Michigan that purchases marijuana from a grower and then extracts resin from the marijuana or creates a marijuana-infused product for sale and transfer in packaged form to a provisioning center.
- A processor license will authorize the purchase of marijuana only from a grower and the sale of marijuana-infused products or marijuana only to a provisioning center.
- Processor may not be a secure transporter, safety compliance facility, registered primary caregiver, or employ an individual who is simultaneously a registered primary caregiver.



Responsibilities of a Processor

- A processor license will authorize the processor to transfer marijuana only by means of a secure transporter.
- Until December 31, 2021, a processor must have a minimum of two year's experience as a registered primary caregiver, or have an individual with that experience as an active employee.
- Processor must enter all transactions, current inventory, and other information into the statewide monitoring system.



Secure Transporter

- The term secure transporter refers to a licensee that is a commercial entity located in Michigan that stores marihuana and transports it between marihuana facilities for a fee.
- A secure transporter license will authorize the licensee to store and transport marihuana and money associated with the purchase or sale of marihuana between marihuana facilities for a fee upon request of a person with legal custody of that marihuana or money.
- It will not authorize transport to a registered qualifying patient or registered primary caregiver.
- Secure transporter may not be a grower, processor, provisioning center, safety compliance facility, registered primary caregiver, or employ an individual who is simultaneously a registered primary caregiver.





Secure Transporter Responsibilities

- A secure transporter must comply with the following:
 - Each driver transporting marihuana must have a chauffeur's license issued by the State
 - Each vehicle must be operated with a two-person crew with at least one individual remaining with the vehicle at all times during the transportation of marihuana
 - A route plan and manifest must be entered into the statewide monitoring system, and a copy must be carried in the vehicle and presented to a law enforcement upon request
 - The marihuana must be transported in one or more sealed containers and may not be accessible while in transit
 - A secure transporting vehicle may not bear markings or other indication that it is carrying marihuana or marihuana-infused product
- A secure transporter's vehicle will be subject to administrative inspection by a law enforcement officer at any point during the transportation of marihuana to determine compliance with the Act.

Michigan Medical Marihuana Act







Provisioning Center

- The term provisioning center refers to a licensee that is a commercial entity located in Michigan purchasing marijuana from a grower or processor and sells, supplies, or provides marijuana to registered qualifying patients, directly or through their registered primary caregivers.
- It includes any commercial property where marijuana is sold at retail to registered qualifying patients or registered primary caregivers.
- A non-commercial location used by a primary caregiver to assist a qualifying patient connected to the caregiver through the marijuana registration process of LARA in accordance with the MMMA will not be a provisioning center for purposes of the Licensing Act.





Responsibilities of Provisioning Center

- A provisioning center will authorize the purchase or transfer of marijuana only from a grower or processor and the sale or transfer only to a registered qualifying patient or registered primary caregiver.
- All transfers of marijuana to a provisioning center from a separate marijuana facility must be by means of a secure transporter.
- A provisioning center may not be a secure transporter or safety compliance facility.
- A provisioning center may sell or transfer marijuana to a registered patient or registered primary caregiver only after it has been tested and bears the label required for retail sale.

Responsibilities – Page 2

- Before selling or transferring marijuana to a registered qualifying patient or to registered primary caregiver, a provisioning center must inquire of the statewide monitoring system to determine:
 - Whether the patient and if applicable, the caregiver, holds a valid and current registry identification card and that the sale or transfer will not exceed the daily purchasing limit established by the Board
- A provisioning center may not allow the sale, consumption, or use of alcohol or tobacco products on the premises.
- A physician will not be allowed to conduct a medical examination or issue a medical certification document on the premises, for the purpose of obtaining a registry ID card.







Security tips

**How To Keep Your Dispensary
Safe & Prevent Money Loss**

Safety Compliance Facility

- The term safety compliance facility refers to a licensee that is a commercial entity that receives marijuana from a marijuana facility or registered primary caregiver, tests it for contaminants and for THC and other cannabinoids, returns the test results, and may return the marijuana to the facility.
- A safety compliance facility license will authorize the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Safety compliance facility may not be a grower, secure transporter, processor, or provisioning center.





Responsibilities of Safety Compliance Facility

- A safety compliance facility must:
 - Perform tests to certify that marijuana is reasonably free of chemical residues such as fungicides and insecticides
 - Use validated test methods to determine THC, THC acid, cannabidiol (CBD), and CBD acid levels
 - Enter all transactions, current inventory, and other information into the statewide monitoring system
 - Have a secured laboratory space to which the general public cannot have access
 - Retain and employ at least one staff member with a relevant advanced degree in medical or laboratory science





Financial Responsibility

- Co-location is allowed (growers, processors, provisioning centers in same building)
- Class C licenses can be stacked (multiple 1,500 plant licenses in same building)
- All marijuana must be tested both after harvest and after processing, if any
- Financial liquidity requirements:
 - Class A grower - \$150,000
 - Class B grower - \$300,000
 - Class C grower - \$500,000
 - Processor - \$300,000
 - Provisioning Center - \$300,000
 - Safety Compliance Facility - \$200,000
 - Secure Transporter - \$200,000



What About the Plants?

- Michigan does not limit the size or distinguish between seedlings and mature, producing plants.
- 12 plants can produce quite a bit of marijuana. The annual yield of a 12 plant indoor marijuana grow site would generate between 44 and 72 ounces.
- Is a dead plant a plant? Is a cutting a plant? Is a clone a plant? Is a seedling considered a plant if it has a root system?
- It can be assumed that the primary caregiver is not legally allowed to keep part of the “harvest” as payment.





























































O.M.C.A. 2012 Entries

2012 Oregon Medical Cannabis Awards

Sponsor & Host
The World Famous Cannabis Cafe

- | | | | | | | |
|---|--|--|---|--|---|---|
| 1. 
Blue City Lights  | 2. 
Grand Daddy Purple  | 3. 
Blue Dream  | 4. 
Grape Ape  | 5. 
Farmageddon  | 6. 
Stinky Sweet  | 7. 
Nectar  |
| 8. 
Guava Berry  | 9. 
Pine Double Apple  | 10. 
Guava Berry Jelly  | 11. 
Tree of Life  | 12. 
Purple Goat  | 13. 
Purple Wreck
& Diesel  | 14. 
Yager  |
| 15. 
Grape Ape  | 16. 
Blueberry Bubblegum  | 17. 
Mad Scientist  | 18. 
Orange Cream Soda  | 19. 
Wet Dawg  | 20. 
Touch of Gray  | 21. 
Evo Master  |
| 22. 
808 Kushy Willie  | 23. 
Mszzar Gold  | 24. 
Wild Purps  | 25. 
ZZ P. Stanford  | 26. 
NYCD  | 27. 
Grand Daddy Purple  | 28. 
Blue Dream  |

Marihuana Farm -2010



Google earth

feet
meters

200

80



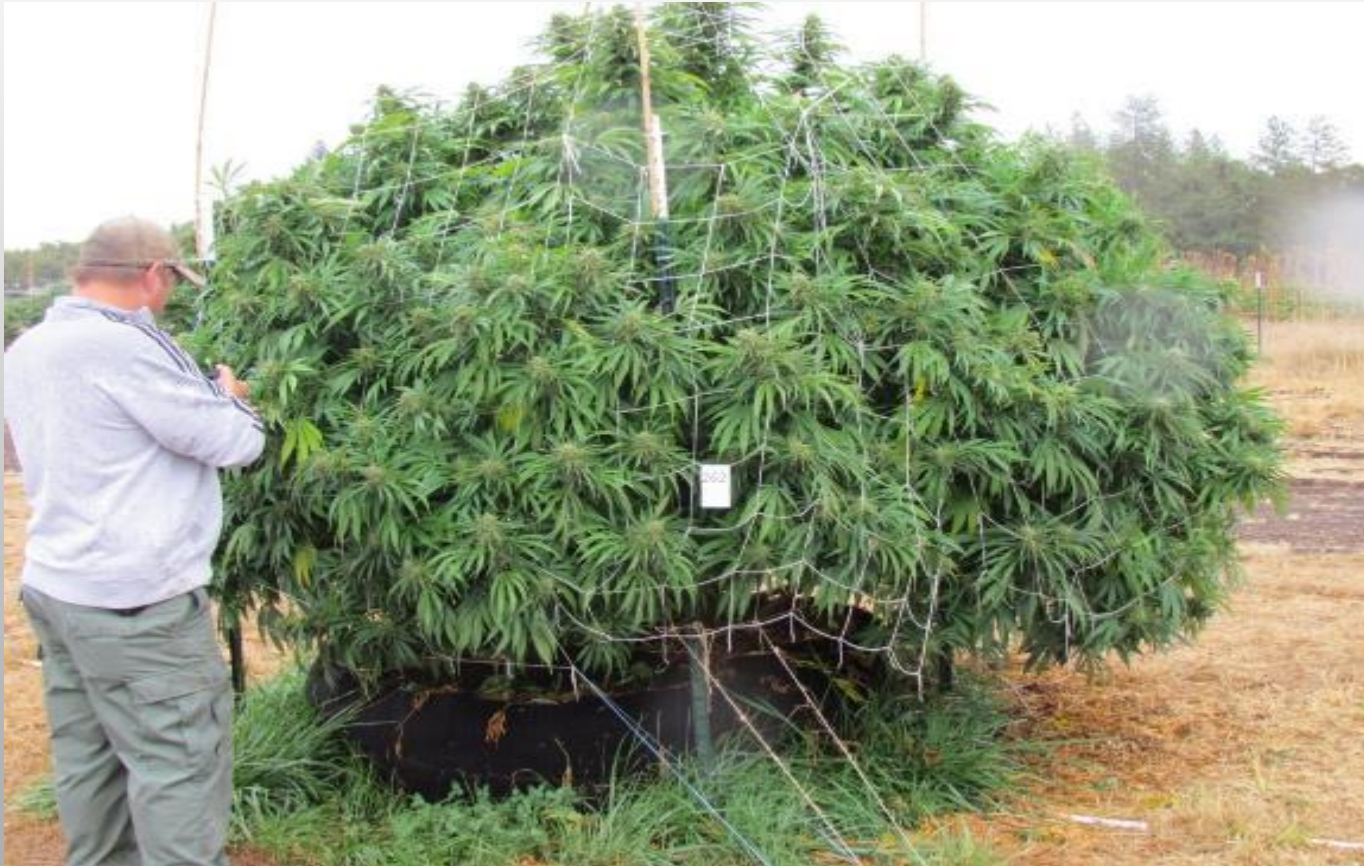
Michigan Medical Marihuana Act

Marihuana Farm - 2011



Michigan Medical Marihuana Act

Plant Size



Michigan Medical Marihuana Act



Harvested Marihuana



Marihuana Plants - Separated



Michigan Medical Marihuana Act

DEA Evidence



Michigan Medical Marihuana Act







Municipalities' Role

- 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.
- 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.
- 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.



Municipalities' Role – Page 2

- A municipal ordinance may establish an annual, nonrefundable fee of not more than \$5,000.00 on a licensee to help defray administrative and enforcement costs associated with the operation of a marihuana facility in the municipality.
- A state operating license, renewed annually, would be required to operate as a grower, processor, provisioning center, secure transporter, or safety compliance facility.
- On or after **December 15, 2017**, an individual will be allowed to apply for a license from the State.



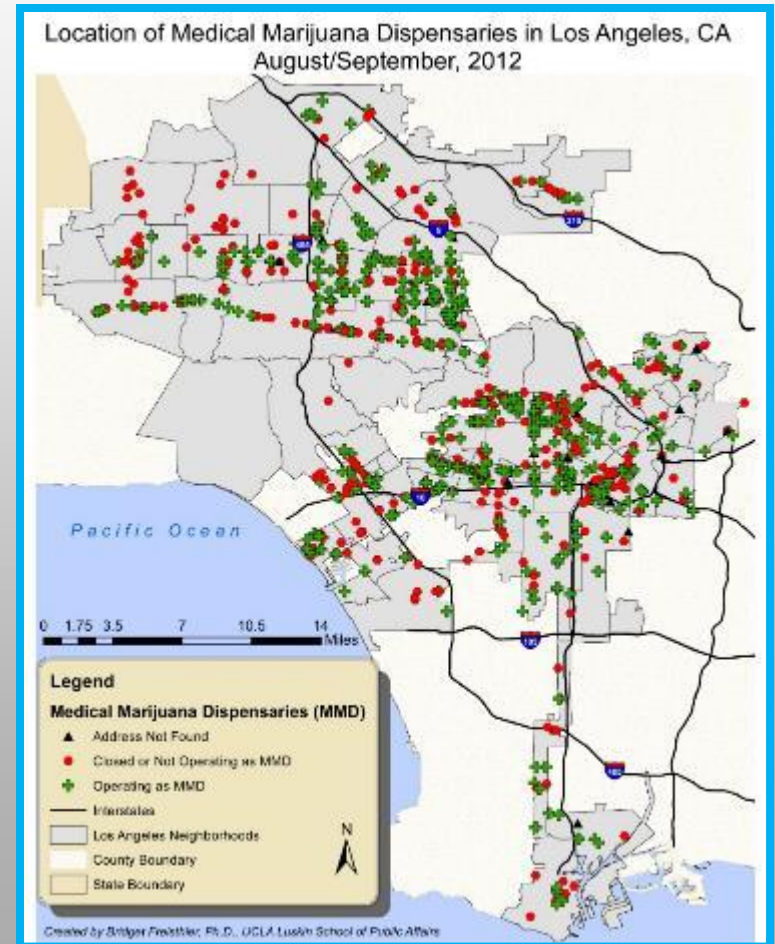


What does this mean for the Municipalities?

- Before December 15, 2017, no municipality is required to consider an application.
- After December 15, 2017, if a municipality has not adopted an ordinance allowing any of the facilities authorized by the MMFLA, then municipality is not required to consider any applications for MMFLA licenses, because no licenses will be approved by LARA.
- After December 15, 2017, if a municipality adopts an ordinance allowing any of the facilities authorized by the MMFLA, and the cap on the number of that type of facility imposed by the municipality's ordinance is not been reached, then the municipality will be asked to provide information to LARA as part of the licensing process.

Medical Marijuana Dispensaries - Los Angeles County

- Medical marijuana dispensaries developed as a means to cultivate and distribute medical marijuana
- In 2007, the City of Los Angeles capped the number of licensed dispensaries at 187
- Thousands of unregulated dispensaries still operate
- Because of conflicts over land use and zoning, marijuana delivery services have become common



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All New!



Cannabis City

SEATTLE'S LARGEST SELECTION

2733 4TH AVE S

OPEN EVERYDAY 8AM - 11PM

The amount has intoxicating effects and may be habit forming. Marijuana can cause concentration, coordination, and judgment. Do not operate a vehicle or machinery under the influence of this drug. Please never let alcohol make decisions with marijuana. For more info visit www.wa.gov and www.cannabis.wa.gov.

00625



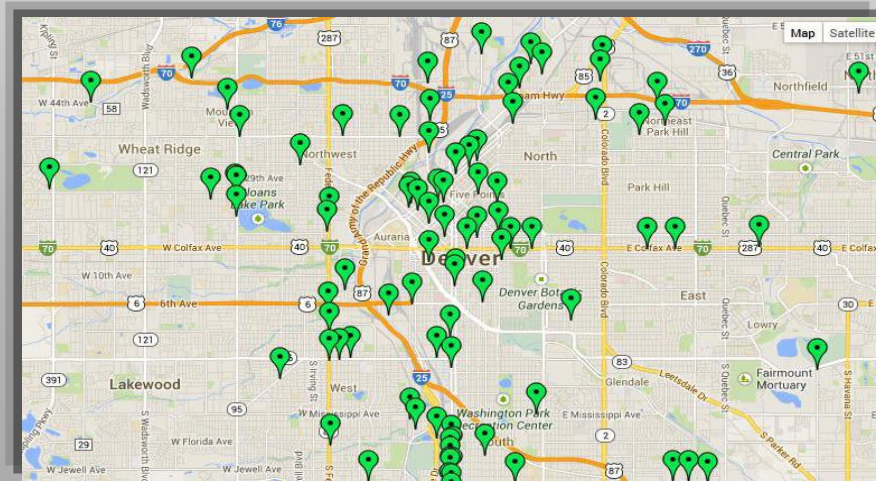
STARBUDS

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LAWSUIT CHALLENGING DETROIT MEDICAL
MARIJUANA LAW WITHDRAWN



Denver, Colorado



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6302 E COLFAX AVE. DENVER, CO 80220 720-328-0758



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\$30 EIGHTHS 10+ STRAINS OF SHATTER
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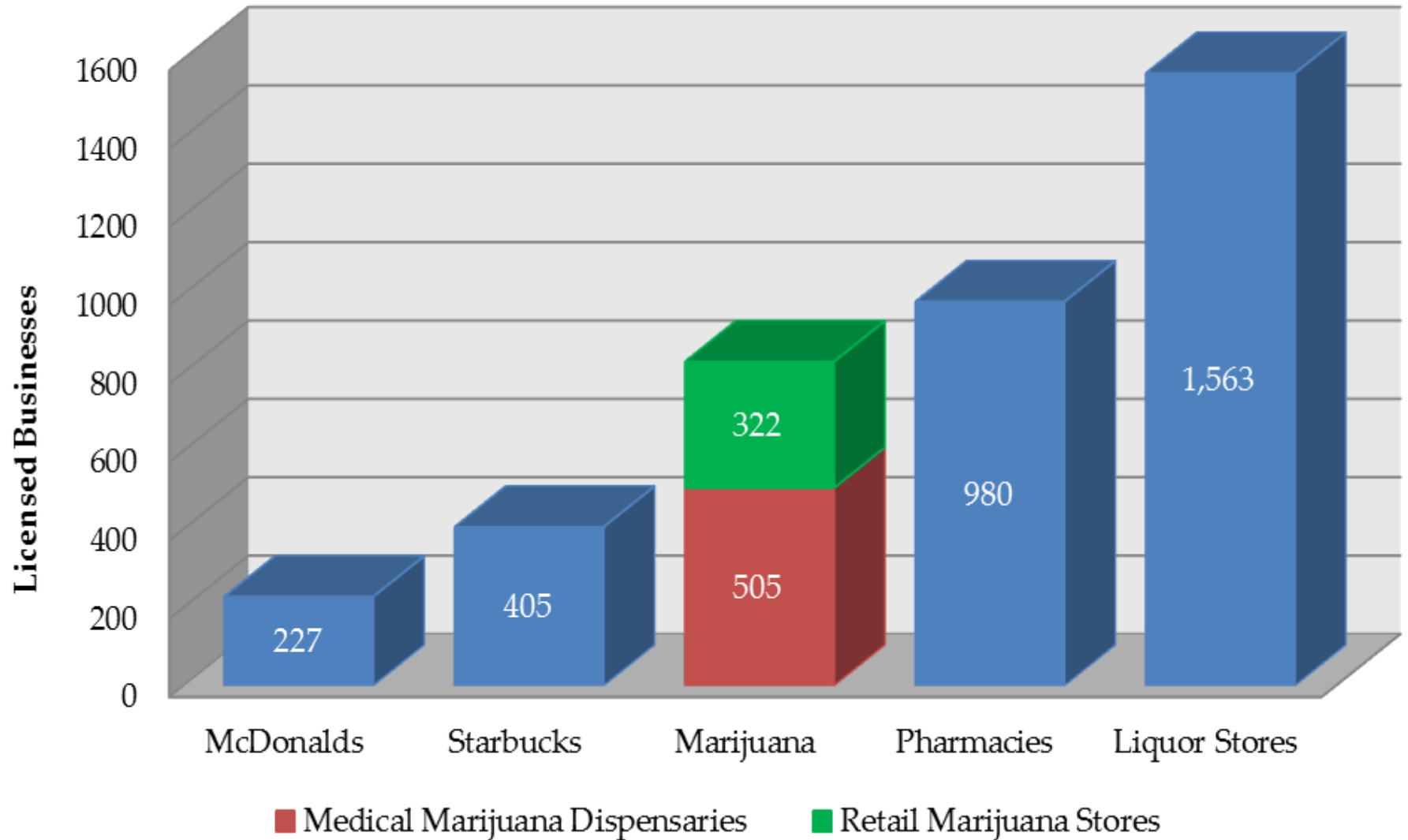
SHOP ONLINE frostedleaf.com/selfservecolfax

Michigan Medical Marihuana Act

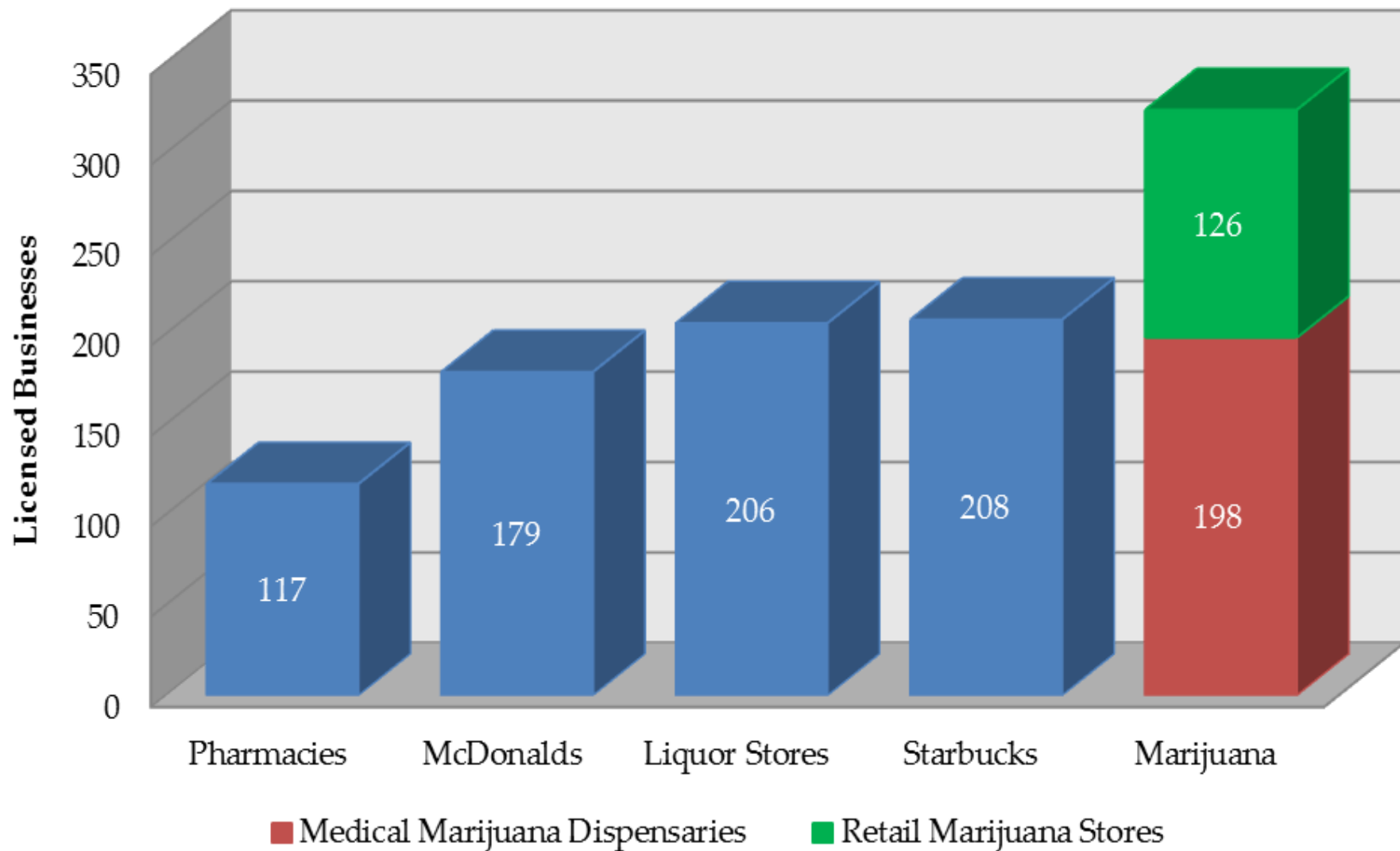
**MARIJUANA
PARADISE**

8863

Colorado Business Comparisons, January 2015



Denver Business Comparisons, January 2015



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WITH \$50 PURCHASE

MUST PRESENT COUPON AT TIME OF PURCHASE | ONE TIME USE ONLY

861 N. SUMMIT BLVD

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FOR HOURS AND MORE INFO

hwy 9

rd.



Public Act 282

Michigan Medical Marihuana Act



Marihuana Tracking Act

- LARA shall establish a confidential statewide internet-based monitoring system for integrated tracking, inventory, and verification.
- It will be a system “established, implemented, and maintained directly or indirectly by LARA that is available to licensees, law enforcement agencies, and authorized state departments and agencies on a 24-hour basis for the following:
 - Verifying registry identification cards.
 - Tracking marihuana transfer and transportation by licensees, including transferee, date, quantity, and price.
 - Verifying in a commercially reasonable time that a transfer will not exceed the limit that the registered qualifying patient or registered primary caregiver is authorized to receive under section 4 of the MMMA.



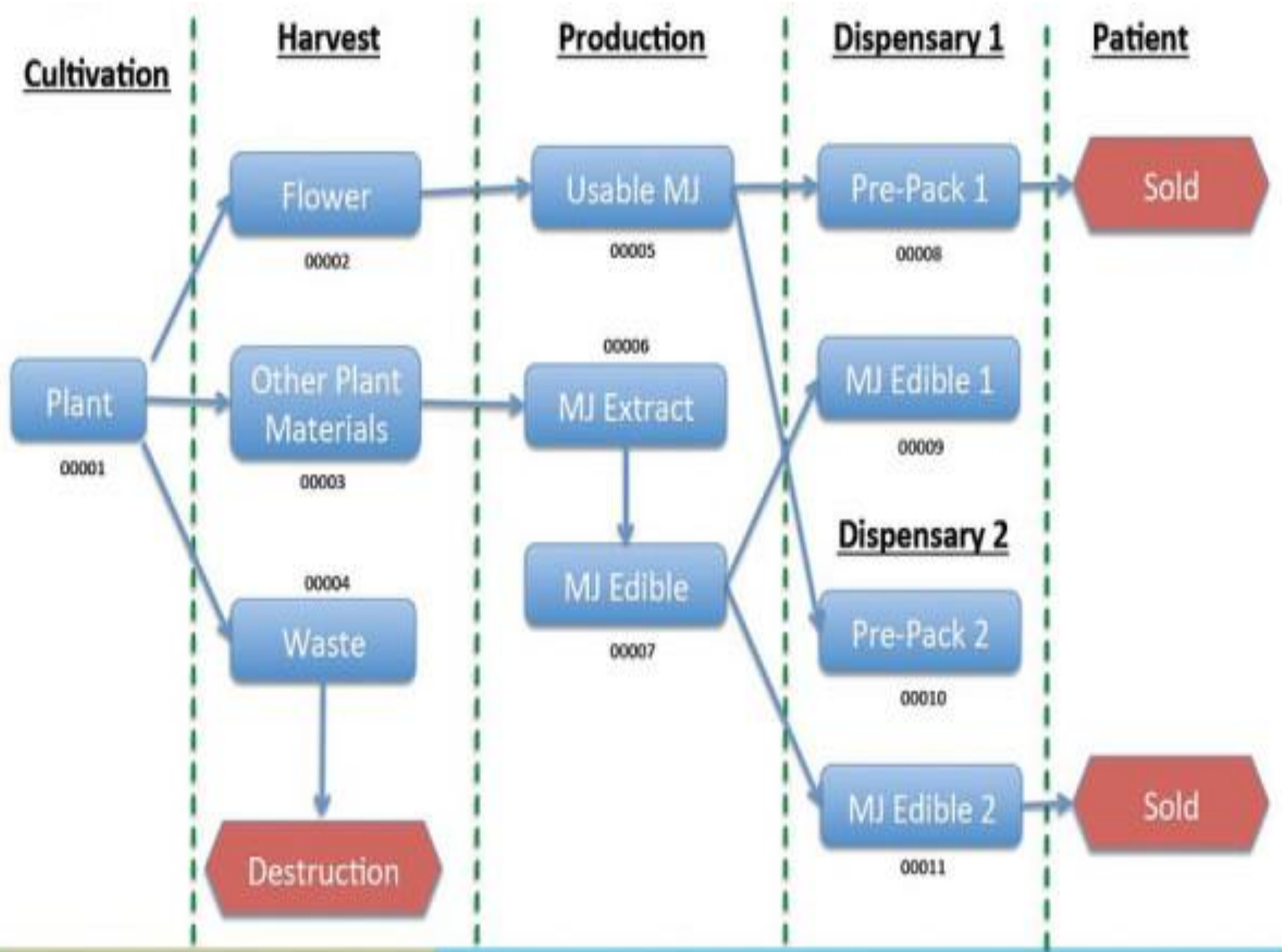
Michigan chooses Florida-based company to run statewide medical marihuana "seed-to-sale" tracking system

- A Florida-based software company has been chosen for a nearly \$450,000 contract to manage Michigan's new medical marihuana tracking system.
- Lakeland, Fla.-based Franwell, Inc. has been recommended for a \$447,625 award from a pool of 11 companies that bid to run Michigan's statewide tracking system.
- The system will require the "seed-to-sale" tracking of marihuana products.
- Franwell's proposal includes a hosting charge to the state of \$35,000 per year for the first two years, as well as in each of five annual contract extension options. The company also noted an additional cost of required tags for tracking plants and packages.
- The state licensing department will oversee the medical marihuana program through LARA's new Bureau of Medical Marihuana Regulation.



Michigan Medical Marihuana Act







Public Act 283

Michigan Medical Marihuana Act



Overview

Michigan Medical Marihuana Act

Protection from Arrest – 4/1/13

- Requires a qualifying patient or primary caregiver to present both his or her registry identification card *and* a valid driver license or government-issued photo ID card, in order to be protected from arrest.



Benefits of Participation in the Program – Qualifying Patient – 12/20/16

- A qualifying registered patient is allowed to possess an amount of marihuana that does not exceed a combined total of 2.5 ounces of usable marihuana and marihuana equivalents.
- If the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility.
- A qualifying registered patient is protected from 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 medicinal use or possession of marihuana.

Benefits of Participation in the Program – Primary Caregiver – 12/20/16

- A primary caregiver may possess marihuana in forms and amounts that do not exceed any of the following:
 - 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.
 - For each registered qualifying patient who has specified that the primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility.
 - Any incidental amount of seeds, stalks, and unusable roots.
- A primary caregiver patient is protected from 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 medicinal use or possession of marihuana.





Purpose of Public Act 283

- Defines “marihuana plant” as any plant of the species *Cannabis sativa* L.
- Defines “plant” as any living organism that produces its own food through photosynthesis and has observable root formation or is in growth material.
- Revises the definition of “usable marihuana” to include, in addition to dried leaves and flowers, the plant resin or extract of the marihuana plant. (It does not include the seeds, stalk, or roots of the plant.)
- Defines “marihuana-infused product” to refer to 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.
- Define “usable marihuana equivalent” as the amount of usable marihuana in a marihuana-infused product as calculated under the Act.





Definition of Usable Marihuana, 12/20/16

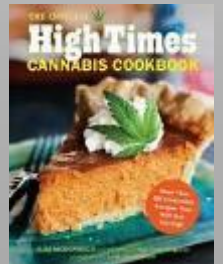
- The dried leaves, flowers, plant resin, or extract of the marihuana plant, but does not include the seeds, stalk, and roots of the plant. MCL 333.26423(n).





Usable Marihuana Equivalent

- Define "usable marihuana equivalent" as the amount of usable marihuana in a marihuana-infused product.
- To determine usable marihuana equivalency, it would specify that one ounce of usable marihuana would be considered equivalent to:
 - 16 ounces of marihuana-infused product if in a solid form;
 - 7 grams if in a gaseous form
 - 36 fluid ounces if in a liquid form.
- In determining whether a patient or primary caregiver exceeded the 2.5 ounces-per-patient possession limit, the combined total of both usable marihuana equivalents and usable marihuana would have to be considered. MCL 333.26424(c).



Transporting or Possessing-Patient

- A patient is prohibited from transporting or possessing a marijuana-infused product in or upon a motor vehicle unless:
 - The product is in a sealed and labeled package, carried in the trunk of the vehicle (or if there is no trunk, carried so as not to be readily accessible from the interior of the vehicle).
 - The label must state the weight of the marijuana-infused product in ounces, name of the manufacturer, date of manufacture, name of the person from whom the product was received, and date of receipt.



Transporting or Possessing-Caregiver

- A caregiver is prohibited from transporting or possessing a marihuana-infused product in or upon a motor vehicle except as follows:
 - The product is accompanied by an accurate marihuana transportation manifest and enclosed in a case carried in the trunk of the vehicle (or if no trunk, enclosed in a case and carried so as not to be readily accessible from the interior of the vehicle).
 - The manifest must state:
 - The weight of each marihuana-infused product in ounces
 - The name and address of the manufacturer
 - Date of manufacture, destination name and address
 - Date and time of departure
 - Estimated date and time of arrival
 - If applicable, name and address of the person from whom the product was received and date of receipt

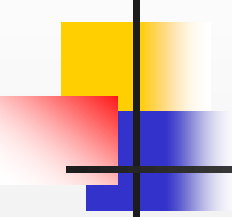




Rebuttable Presumption

- For purposes of determining compliance with the 2.5 ounces quantity limitations, there is a rebuttable presumption that the weight of a marijuana-infused product listed on its package label or on a marijuana transportation manifest is accurate.
- A qualifying patient or primary caregiver who violates the provisions regarding transport or possession of a marijuana-infused product in a motor vehicle will be responsible for a civil fine of not more than \$250.





People v Latz, No. 3328274 (Mich. App.,
December 20, 2016)

- The Court ruled “The illegal transportation of marihuana statute expressly refers to this provision and unambiguously seeks to place additional requirements on the transportation of medical marihuana beyond those imposed by the MMMA.”
- “Thus, MCL 750.474 clearly subjects persons in compliance with the MMMA to prosecution despite that compliance, and it is therefore impermissible.”
- “Because MCL 750.474 is not part of the MMMA, defendant, as a compliant medical marihuana patient, cannot be prosecuted for violating it.”





Marihuana Strains

- Durban Poison
- Black Widow
- Mental Haze
- LA Confidential
- Spirit of 76
- Banana Kush
- Hindu Skunk
- Grape Ape
- Bubba Kush
- Purple Cotton
- Razzle Dazzle
- Pink Lady
- Blue Diesel
- Green Crack
- Bruce Banner
- ESCOBAR



Street Price

- \$6 a gram in 1981;
- \$18 a gram in 1991;
- \$10 a gram present;
- An ounce ranges from \$100-\$400 in the U.S.;
- \$200-\$700 in the Midwest;
- “Atom Bomb”-marihuana laced with heroin;
- “Caviar”-marihuana laced with cocaine; “Juice Joint”-marihuana cigarette sprinkled with crack;
- “Squirrel”-PCP and marihuana laced with cocaine and then smoked.





<http://www.priceofweed.com/>

Price of Weed

A Global Price Index for Marijuana

Marihuana Edibles



Michigan Medical Marihuana Act



10 BEST EDIBLES 2015



Honey Pot Bear Balm Balanced
Honey Pot with Pure Joy Collective



BEST OF 2015 EDIBLES LIST Awards



ALTAI BRANDS
BEST CALIFORNIA EDIBLE
BEST INDICA EDIBLE



DIXIE BRANDS
BEST COLORADO EDIBLE
PEOPLE'S CHOICE: DRINKS



MR. MCGOOZ PRODUCTS
BEST MICHIGAN EDIBLE
BEST DARK CHOCOLATE



YILO EDIBLES
BEST ARIZONA EDIBLE



CUMULUS CANDIES
BEST WASHINGTON EDIBLE



YUMMI KARMA
BEST SAUCE LINE
BEST SAVORY EDIBLE
BEST GLYCERIN INFUSED EDIBLE



GOODIES BY MAGOOCH
BEST OLIVE OIL EDIBLE
BEST CRACKERS
PEOPLE'S CHOICE: BOTTLED OILS



MADE IN POTLAND
BEST OREGON EDIBLE



SENSI PRODUCTS
BEST SLEEP AID



MISS MARY JANE'S EDIBLES
BEST BROWNIE
PEOPLE'S CHOICE: EDIBLE



INCREDIBLES
BEST MILK CHOCOLATE
WHOLE PLANT CBD: BEST EDIBLE



GREEN TICKET BAKERY
BEST HASH INFUSED EDIBLE
BEST SATIVA EDIBLE



EDIBLES 'R' US
BEST BEEF JERKY
BEST SALAD DRESSING

Marketing to Children



Act



Mixed Greens With Marijuana Vinaigrette



3 Rostaleers

NET WT 1.42Z (100g)

10X
THE MORE THE
BETTER

Twixed

NET WT 1.42Z (100g)

Munchy Way

3X
STRENGTH
THE MORE THE
BETTER

**Rasta
Reese's**

3X
STRENGTH
THE MORE THE
BETTER

KeefKat

NET WT 1.33Z (100g)

10X
THE MORE THE
BETTER

**Puff-A-Minute
Pattie**

10X
THE MORE THE
BETTER

**DOUBLE PUFF
OEO**

10X
THE MORE THE
BETTER

Buddahfinger

10X
THE MORE THE
BETTER

**Tri-Chrome
CRUNCH**

10X
THE MORE THE
BETTER

Pot Tarts





HYBE Concentrates

FRUITY pebbles crunch rice crisps

WEIGHT	TOTAL	ACTIVE
1 piece	50mg THC	99.7%

of suspected crack cocaine and marijuana

Meet Claude...

- Black Cherry Gummy Bear
 - THC Infused
- 100 milligrams of THC per bear
- Colorado law – 10 mg per serving
 - Foot = one serving





TA
TIM

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ROOTS

UNLEADED

2.13⁹/₁₀

DIESEL

2.19⁹/₁₀

Brookside

gas
+
grass

NOW

*Michigan Medical marijuana
Act*

Budtenders



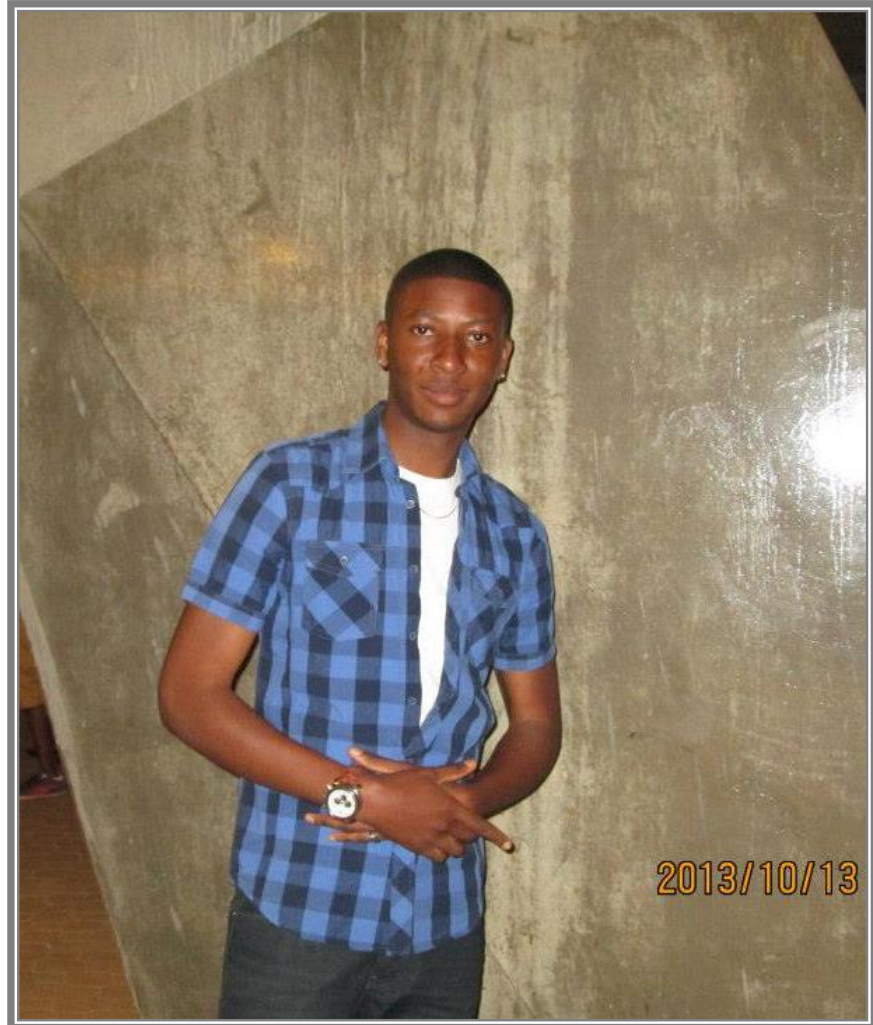
Michigan Medical Marihuana Act



Michigan Medical Marihuana Act

Wyoming College Student

- Levy Thamba Pongi – Northwest College
 - Ate one marihuana cookie – recommended serving size was 1/6 of a cookie.
- Jumped out of window
 - Autopsy – marijuana intoxication was a “significant contributing factor.”





Kristine Kirk

- Husband ate a marijuana candy
- Started hallucinating
- Told wife to shoot him
- On phone with 911, he killed her
- 25 years to life in prison



Prohibited Activities

- The following are prohibited:
 - Patient transferring a marijuana-infused product or marijuana to any individual.
 - Caregiver transferring a marijuana-infused product to any individual who is not one of the caregiver's patients.
 - Using **butane extraction** to separate plant resin from a marijuana plant:
 - In any public place
 - In a motor vehicle
 - Inside or within the curtilage of any residential structure
 - In a manner that demonstrates a failure to exercise reasonable care or reckless disregard for the safety of others.
 - Operation, navigation, or actual physical control of a snowmobile or ORV while under the influence of marijuana; already in place for a motor vehicle, aircraft, or motorboat.



Ultimate Beginner's Grow Guide

HIGH TIMES

Dabs!

**POT'S MOST
POWERFUL HIGH**

**Creating
Cleaner
Concentrates**

**Growing
Classic Strains**

**Roseanne
On Reefer**

On The Opium Trail

Michigan Medical Marihuana Act



Marihuana Dabs

- Dabs are a type of solidified hash oil also known as “concentrates,” BHO (Butane Hash Oil) or more popularly, “wax”—so-named for its texture and glassy appearance.
- Most commonly created by a technique in which high quality pot is blasted with butane that is then extracted
- Dabs cannabis concentrates approach 70%-to-90% THC.





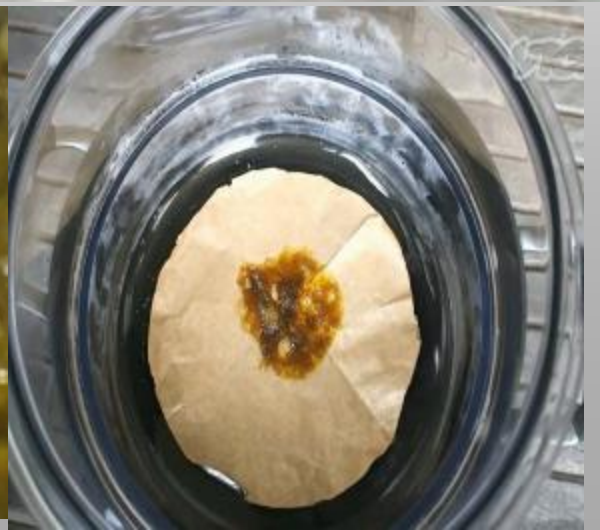
Butane Hash Oil

- Made by passing butane gas through a tube or “extractor” filled with cannabis plant matter.
- Liquid butane runs through the cannabis plant matter, acting as a solvent it strips the resins from the cannabis.
- As liquid butane passes through container the resin runs out the bottom with the butane.



Other Solvents Used





Marihuana Dabs

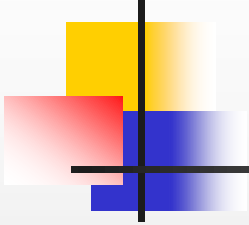


Michigan Medical Marihuana Act



"But it's just a plant..."

(80-90% THC) Concentrates



Butane Hash Oil (BHO)



"Ear Wax"



"Green Crack" wax



"Budder"

"Shatter"



Hash Oil Capsules

Slide Courtesy of
Marijuana Impact on
Public Health & Safety in
Co.

Michigan Marijuana Act

Medibles in Michigan



Muskegon County Explosion – 2/10/17



Liquid Marijuana

- E-Liquid and Smoke Drops



Best Vape Pen 2015

vaporfi™

eCigarettes + Custom Blends

Atmos™

dr. dabber™
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STORZ & BICKEL GMBH & CO. KG

PAX™
the ePip™



CloudV™



VapeWorld



TBEC
REVIEW

People v Koon, No. 145259 (Mich. Sup. Ct., May 21, 2013)

- The Michigan Supreme Court ruled that “The immunity from prosecution provided under the MMMA to a registered patient who drives with indications of marihuana in his or her system but is not otherwise under the influence of marihuana inescapably conflicts with MCL 257.625(8), which prohibits a person from driving with any amount of marihuana in her or system.”
- “Under the MMMA, all other acts and parts of acts inconsistent with the MMMA do not apply to the medical use of marihuana. Consequently, MCL 257.625(8) does not apply to the medical use of marihuana.”





THC vs. TCOOH

- **THC:** Active (Schedule 1 drug)- Primary psychoactive, makes the user high, causes euphoric effect, present in blood
- **TCOOH:** Inactive metabolite (Not a schedule 1 drug)- Present in blood, detectable hours/days/weeks after last use; not reliable for purposes of charging under MCL 257.625(8)
- There has to be THC in the blood in order to charge under MCL 257.625(8)!





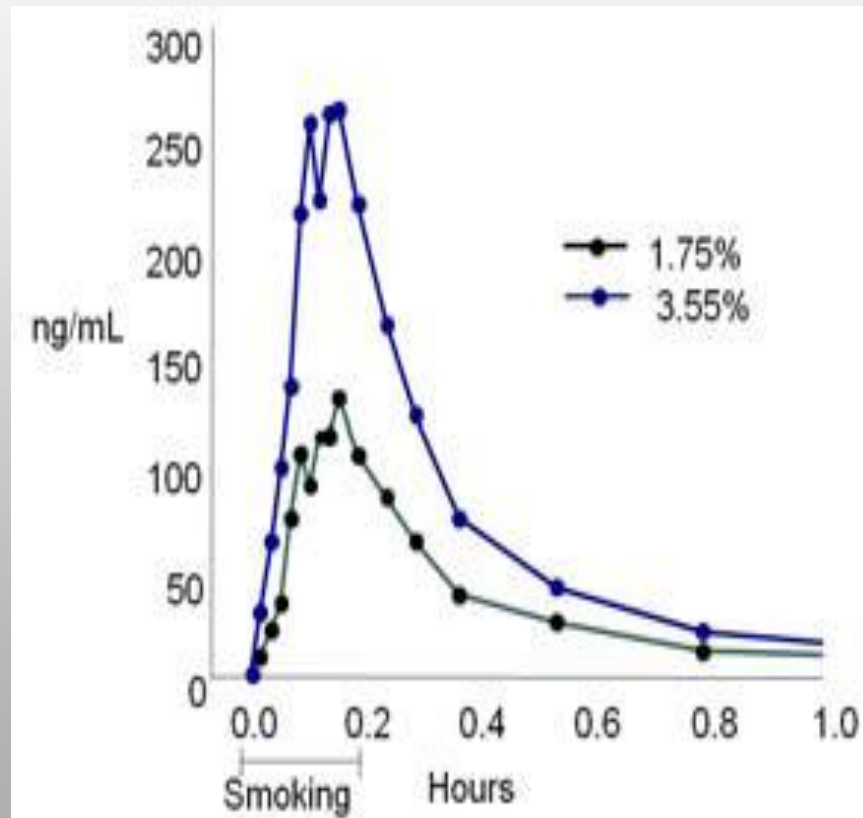
The Importance of THC Hour 1

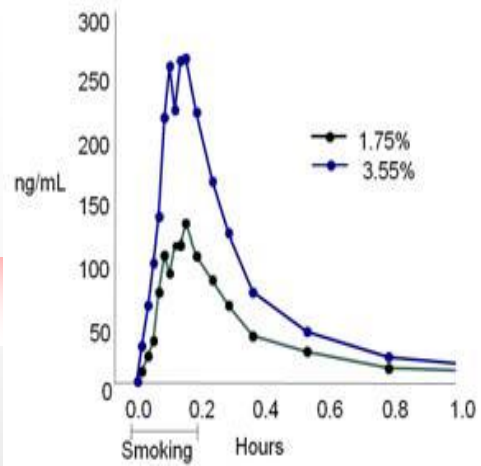
- Scientific studies show that a person smoking marijuana often has 50-80 nanograms of THC in their blood after their last puff
- 30 minutes later, that level can drop to 15-16 nanograms-an 80% drop in THC.
- 1 hour later after the last puff, the level likely drops to 5-6 nanograms.
- THC levels can then drop to 2-3 nanograms after 90 minutes, trickling off to a very few.



Cannabinoid Distribution/Elimination

- THC concentrations fall to about 60% of their peak within 15 minutes after the end of smoking





Key Point: Every Second Counts
Michigan Medical Marijuana Act



Marihuana Effects

"Cannabis Effects on Driving Skills" Article:

"Evidence suggests recent smoking and/or blood THC concentrations 2-5 ng/mL are associated with substantial driving impairment, particularly in occasional smokers."

Author: Marilyn Huestis





Marihuana Tinctures

- Cannabis tinctures, also known as green or golden dragon, is an alcohol-based cannabis extract-essentially infused alcohol (180 proof or higher).
- The tinctures are used to make juices, ice cream, soups, gelatin, mashed potatoes and gravy, or salad dressing.
- Grind your flower or extract, and then mix the flower or extract in a mason jar with high-proof alcohol (preferably, Everclear).



gan Medical Marihuana Act



Marihuana Tinctures



Michigan Medical Marihuana Act

People v Ashley Baker

- Ms. Baker was driving to McDonalds
- Failed to stop at intersection
- Struck White Car occupied by four friends on way home from dinner
- White car forced into opposing traffic, struck by red pickup
- All four occupants of white vehicle were killed
- No SFST's were performed
- Consent draw of Baker's blood
- 1 nanogram of THC





People v Ashley Baker

- Baker did not possess MMMA card
- First denied smoking marihuana
- Admitted to hospital staff, during blood draw, smoked marihuana before crash
- Five days later told probation agent that she smoked marihuana day before crash
- Later admitted at DLAD hearing to smoking marihuana at 9 a.m. on date of crash



Marihuana Involved in Fatal Crash





MI Officer

+ DUI Index - Section 625 Offenses

+ Crash Investigation Index

- Traffic Index

+ Abandoned Vehicle

+ Address - fail to change Driver's License

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Documenting the Complex Relationship Between Humans & Psychoactives



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Colorado Experience

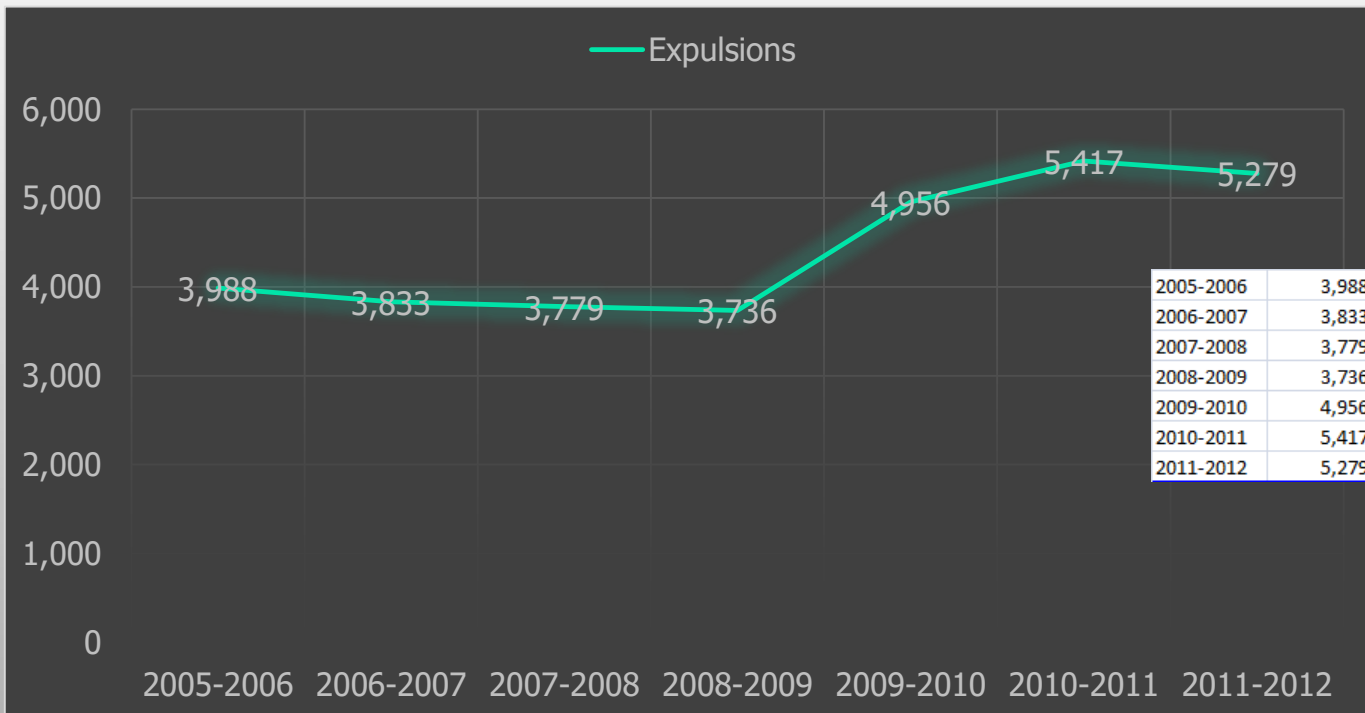
Michigan Medical Marijuana Act

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.



Drug Related Expulsions



Source: Rocky Mountain HIDTA

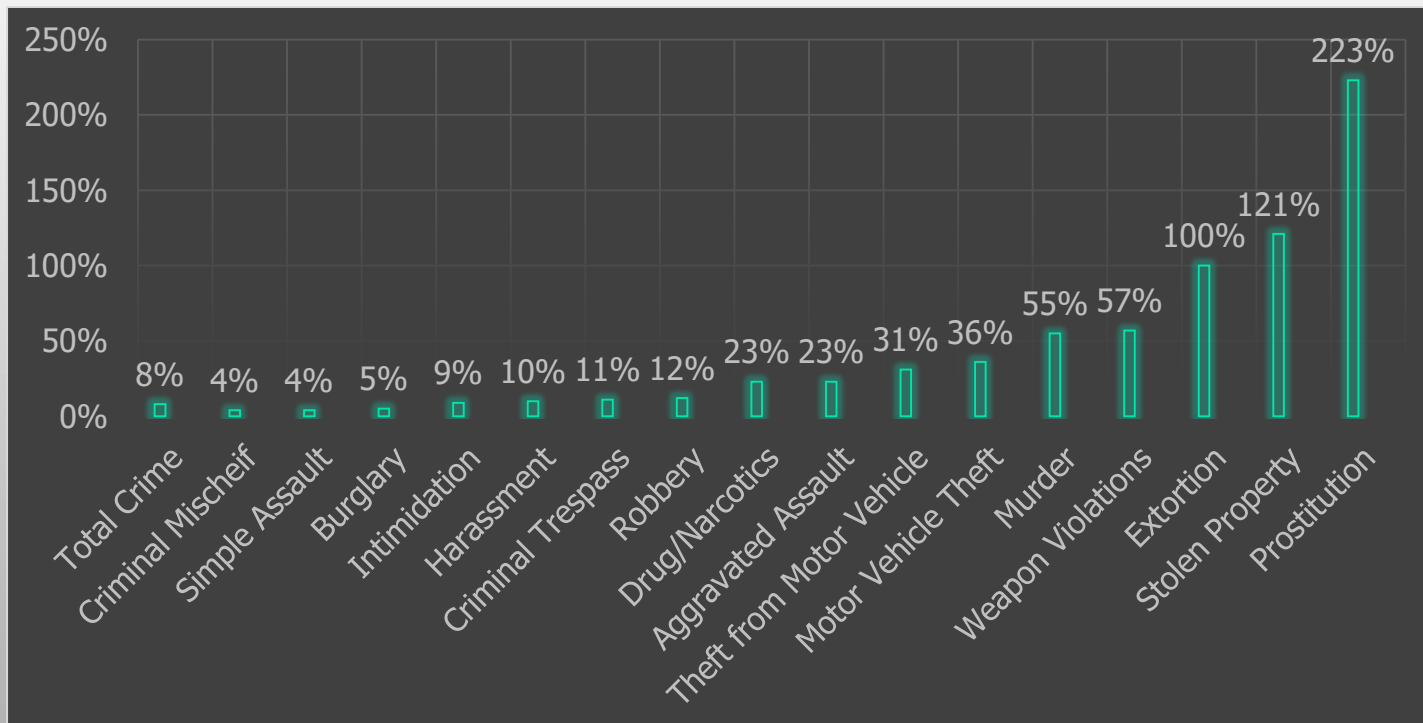
Michigan Medical Marihuana Act

Homelessness in Denver

- Homeless shelters say increase because of medicinal and legal pot.
- Older – medicinal; younger – recreational
- Up to estimated 30% relocated for marihuana (Denver's Salvation Army Crossroads Shelter)
- Denver's Saint Francis Center – "300 new faces per month" – many were drawn because of legal marihuana
- Urban Peak – youth-oriented homeless program – up 328 homeless young adults.
 - 1/3 cite legal marihuana for moving to Denver



Denver Crime – Since Legalization in 2014



Percent change from 2014 to 2016 (2016 data extrapolated from NIBRS reports from Jan to Sept). Source: Denver Police Department

Michigan Medical Marihuana Act



Youth Marihuana Use

- Youth past month marihuana use increased 20 percent in the two year average (2013/2014) since Colorado legalized recreational marihuana compared to the two-year average prior to legalization (2011/2012).
 - Nationally youth past month marihuana use declined 4 percent during the same time.
- The 2013/2014 results show Colorado youth ranked #1 in the nation for past month marihuana use, up from #4 in 2011/2012 and #14 in 2005/2006.
- Colorado youth past month marihuana use for 2013/2014 was 74 percent higher than the national average compared to 39 percent higher in 2011/2012.





Adult Marihuana Use

- College-age past month marihuana use increased 17 percent in the two-year average (2013/2014) since Colorado legalized recreational marihuana compared to the two-year average prior to legalization (2011/2012).
 - Nationally college-age past month marihuana use increased 2 percent during the same time.
- The 2013/2014 results show Colorado college age adults ranked #1 in the nation for past month marihuana use, up from #3 in 2011/2012 and #8 in 2005/2006.
- Colorado college age past month marihuana use for 2013/2014 was 62 percent higher than the national average compared to 42 percent higher in 2011/2012.



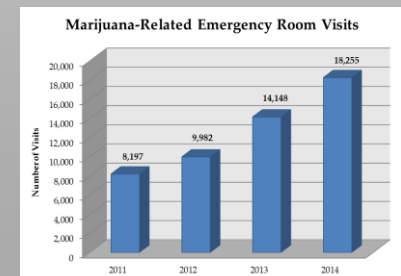
Adult Marihuana Use (continue)

- Adult past-month marihuana use increased 63 percent in the two year average (2013/2014) since Colorado legalized recreational marihuana compared to the two-year average prior to legalization (2011/2012).
 - Nationally adult past month marihuana use increased 21 percent during the same time.
- The 2013/2014 results show Colorado adults ranked #1 in the nation for past month marihuana use, up from #7 in 2011/2012 and #8 in 2005/2006.
- Colorado adult past month marihuana use for 2013/2014 was 104 percent higher than the national average compared to 51 percent higher in 2011/2012.



Emergency Department 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).





Hospital Marihuana -Related Admissions

- Number of hospitalizations related to marihuana:
 - 2011 – 6,305
 - 2012 – 6,715
 - 2013 – 8,272
 - 2014 – 11,439
- Hospital rates likely related to marihuana increased 32 percent in the two-year average (2013-2014) since Colorado legalized recreational marihuana compared to the two-year average prior to legalization (2011-2012).



Marihuana – Related Exposure

- Marihuana-related exposures increased 100 percent in the three-year average (2013-2015) since Colorado legalized recreational marihuana compared to the three-year average (2010-2012) prior to legalization.
- Marihuana-only exposures increased 155 percent in the three-year average (2013-2015) since Colorado legalized recreational marihuana compared to the three-year average (2010-2012) prior to legalization.





Treatment

- Marihuana 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 marihuana abuse.
- Over the last ten years, the top three drugs involved in treatment admissions, in descending order, were alcohol (average 13,382), marihuana (average 6,652) and methamphetamine (average 5,298).



Diversión of Colorado Marihuana

- 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.





Diversión by Parcel

- Seizures of Colorado marihuana 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 marihuana has been legal.
- Seizures of Colorado marihuana 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 marihuana has been legal.



Colorado Data

- Crime in Denver and Colorado has increased from 2013 to 2015.
- Colorado annual tax revenue from the sale of recreational and medical marihuana 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 marihuana stores in the state of Colorado compared to 322 Starbucks and 202 McDonald's.
- 68 percent of local jurisdictions have banned medical and recreational marihuana businesses.





Engage Your Community

- Start the conversation in your community.
- Failure to do so may have undesired consequences.
- Your local officials have to take into consideration what is in the “best interest of your community!”
- You need to determine what is fact vs. fiction.
- It is important to hear from different perspectives on the issue (medical, law enforcement, business owners, youth advocates).
- Time is critical, state licensing begins **December 15, 2017!**





QUESTIONS?

Michigan Medical Marihuana Act

**Kenneth Stecker/Kinga Gorzelewski
Traffic Safety Resource Prosecutors
Prosecuting Attorneys Association of Michigan**

**116 West Ottawa
Lansing MI 48913**

(517) 334-6060 x 827 or 816



**Steckerk@michigan.gov
gorzelewskik@michigan.gov**



Michigan Medical Marihuana Act