

## **Royal Oak Plan Commission Medical Marijuana Ordinance Talking Points**

**When:** Tuesday, May 12, at 7:30 p.m.

**Where:** 211 S Williams Street, Royal Oak 48067

**What:** Hearing on Royal Oak Medical Marijuana Ordinance

### **General Tips and Requests:**

Be sure to be respectful and polite in your public comments and letters and to dress appropriately for a government hearing. Seek to educate these officials about our new law while not assuming that they have bad intentions.

If you attend the meeting, please e-mail MPP legislative analyst Noah Mamber at [NMamber@mpp.org](mailto:NMamber@mpp.org) after its conclusion to share information about your public comment and the Plan Commission's response.

This public hearing is happening in order to elicit comments such as yours, and is only the first step in the legislative process for this ordinance.

### **Talking Points:**

Here are some talking points on why the Plan Commission should not approve this ordinance in its current form and send it to the City Commission for passage:

\* The proposed ordinance would violate Michigan's medical marijuana law. Initiated Law 1 of 2008 allows a primary caregiver to cultivate marijuana plants for medical use on behalf of five patients, anywhere in the state, as long as the plants are in an enclosed, locked facility. The law, which was passed by a majority of Oakland County residents, does not give authority to cities to further restrict the rights of caregivers. It prohibits additional punishment for patients and caregivers acting within the law. Sec. 4 (a-b) says that qualifying patients and primary caregivers with registry identification cards "shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, for the medical use of marihuana in accordance with this act."

\* Forcing caregivers into designated general business zones as a special land use is not appropriate because caregivers will not be running large-scale businesses. Many caregivers will be family members or home health aides who live in the same house as the patients. They often won't receive any compensation at all. It would be absurd to require a married couple to rent out a separate building in a designated business district at great expense so the healthy partner could grow plants for his or her seriously ill spouse. A city that tries to force them to do so is overstepping its authority.

\* This proposal would effectively nullify the caregiver provision of the law, forcing many seriously ill patients who are physically unable to grow their own medicine to get it from

the criminal market. Because caregivers can only help five patients, there is no way they could afford the costs of a business place.

\* Primary caregivers should not be regulated like large-scale businesses. Michiganders are allowed to sell their possessions on eBay from their homes, are able to grow unprocessed produce in home gardens and sell it at farmer's markets without any sort of licensing, and are able to receive compensation as live-in home health aides without being forced to operate in a general business district. Royal Oak residents should also be allowed to cultivate a small amount of medicine that is legal under state law on behalf of qualifying patients without being forced to incur the significant additional costs of operating outside their homes in a general business district.

\* As Plan Commission member Stacie Vorves said in an April 26 *Daily Tribune* article, one primary caregiver probably will not be able to afford rent in a general business district as well as growing supplies and utility bills for lights and water, and thus, "we won't have any medical marijuana grown here." If the rent for a commercial space on Woodward Ave. is \$1,500/month (a conservative estimate), a caregiver would have to receive enough compensation from patients to at least break even. However, a caregiver can only provide for five qualifying patients, and it stretches the imagination to think that the caregiver would provide enough medicine to receive \$300 a month from each patient.

\* If caregivers assisted the maximum of five patients and provided each patient with their medicine every 30 days, it is likely only one person would visit every six days. This is not the kind of traffic that would put off neighbors or require a business location, and it is not sufficient clientele to support an actual business.

\* Further, the vast majority of caregivers only assist single patients, and it would be impossible and absurd to expect them to pay for a business to assist one seriously person by growing their medicine. In a January 14, 2009, report on Rhode Island's Medical Marijuana program (which can be viewed at [www.health.state.ri.us/hsr/mmp/MMPReport2009.pdf](http://www.health.state.ri.us/hsr/mmp/MMPReport2009.pdf)), the Rhode Island Department of Health found that of 386 active caregivers only two assisted either four or five patients. Eighty-six percent assisted a single patient and 98% assisted only one or two patients.