

# CHALLENGES SURROUNDING LOCAL REGULATION OF MEDICAL MARIHUANA

By Mark Graham, AICP, PCP, Planning Director, Delta Township

## Introduction

In November of 2008, the Michigan Medical Marihuana Act (MMMA) was approved as a citizen initiative by 63% of Michigan voters. (The law became effective in April, 2009.) There are now 14 states in the nation (and the District of Columbia pending final approval by Congress) which permit the medical use and cultivation of marijuana (see map on next page). The full impact of the law is now being recognized as communities throughout the state struggle to determine how they wish to address various issues which have arisen. Readers should be cognizant of the fact that Michigan Law still prohibits the possession of non-medical marihuana, in any quantity, which is a misdemeanor punishable by up to a year in jail and a fine of up to \$2,000. It is also a violation of federal law.

This article opens with an overview of the Michigan Medical Marihuana Act. It then examines a variety of zoning issues and regulatory options. Questions and pros and cons of various approaches are examined including doing nothing, prohibiting certain uses, and several regulatory approaches for dispensaries, compassion clubs and smokehouses, growing operations and cooperatives. Regulatory alternatives to zoning are also examined. There remains considerable uncertainty about the legality of various actions of medical marihuana advocates, and of the regulatory authority of local governments relative to some of the most common land uses associated with growing, dispensing and using medical marihuana. Readers are urged to review the contents of this article with local legal counsel and do additional research in this rapidly evolving arena before settling on an approach that is appropriate for your community. It is probably also wise to annually repeat your research and review your regulatory approach with an eye to updating it to reflect recent statutory changes and court decisions.

## Overview of the MMMA

The MMMA is identified as Initiated Law 1 of 2008 and is located in MCLA 333.26421 to 333.26430. The purpose of the Law is:

*“to allow under state law the medical use of marihuana; to provide protections for the medical use of marihuana; to provide for a system of registry identification cards for qualifying patients and primary caregivers; to impose a fee for registry application and renewal; to provide for the promulgation of rules; to provide for the administration of the act; to provide for affirmative defenses; and to provide for penalties for violations of the act.”*

The main provisions of the MMMA are summarized as follows:

- “Qualifying Patients” can legally obtain, possess, cultivate/grow, use and distribute medical marijuana. Patients under 18 must obtain parent/guardian consent.
- “Qualifying Patients” must obtain certification from a physician that they have a debilitating condition as specified in the Act. (See definition of “debilitating medical condition” in FAQ sidebar on next page.)
- Once the “Qualifying Patient” receives a physician’s certification they apply to the Michigan Department of Community Health (DCH) for a Registry Identification Card.
- As of 6/4/2010 there were 18,012 patient registrations issued.
- A “Qualifying Patient” (Patient) can possess 2.5 ounces of marijuana and 12 marijuana plants but they must be kept in an enclosed, locked facility.
- When a Patient completes the application form with the DCH, they may designate a “Primary Caregiver” (Caregiver) to assist them in obtaining medical marijuana. However, if the Patient designates a Caregiver, the Patient loses the ability to cultivate and manufacture marihuana. The Caregiver could change with the annual registration.

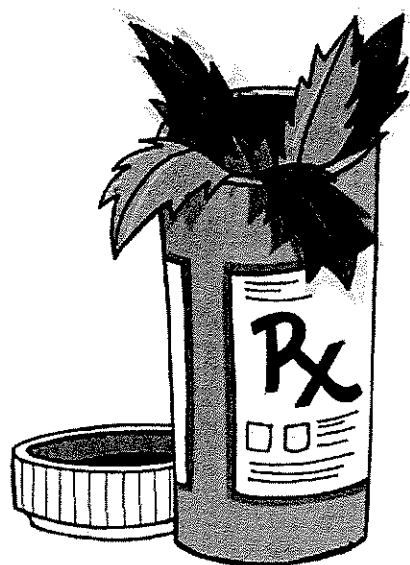
- A Caregiver must obtain certification from the DCH, they may care for a maximum of five Patients. The Caregiver may cultivate 12 plants per Patient, possess 2.5 ounces of usable marihuana per Patient, and deliver, transfer, and acquire marihuana. Thus, the Caregiver could possess 60 plants for his patients and, if the Caregiver was also a Patient, they could possess 72 plants.
- As of 6/4/2010 there were 7,813 caregiver registrations issued.

## Protection of the Rights of Patients and Caregivers

Municipal officials must accept the fact that the MMMA has made the medicinal use of marihuana legal. Officials should be cognizant of the aforementioned rights and privileges afforded to patients and caregivers by the MMMA such as the rights to grow, use, possess and ingest medical marihuana. Numerous provisions in the MMMA insure that patients will have access to medical marihuana and their caregivers absent the fear of prosecution. Ordinances which contain provisions contrary to the specifics of the MMMA are vulnerable to legal challenge.

## About the Author

Mark Graham has been Planning Director in Delta Township, Eaton County since 1978 and he was a planner there for two years previous to that. Under his direction, the Township has been a leader in planned growth, access management and professional zoning administration. He can be reached at MGraham@deltami.gov. □



## Zoning and the MMMA

The MMMA makes no reference to zoning or local land use regulations. In the 18 months since the MMMA was enacted, municipalities have taken a wide variety of zoning approaches which are summarized below.

## Do Nothing Approach

Some communities have either formally or informally adopted a "do nothing" approach. Justifications for this approach include: "it can't happen here," "we don't have the money/manpower to address medical marijuana issues," "we're not located near a university," etc.

Adoption of the "do nothing" approach could result in the following consequences:

- A community might be more attractive to entrepreneurs seeking to establish medical marijuana uses if the community had no regulations.
- Once established, a medical marijuana proprietor could claim

Figure 1 Map of US States with Laws Permitting Medical Use of Marijuana



Source: NORML and wikimedia commons

## Frequently Asked Questions

**Q.** Why is marijuana spelled with an "h" rather than a "j" in the State Law?

**A.** The DCH web site notes that marijuana is one of two acceptable spellings in the dictionary and is consistent with the spelling in the Michigan Public Health Code.

**Q.** What are the benefits of Medical Marijuana?

**A.** MCLA 333.26422 of the MMMA states: "Modern medical research, including as found by the National Academy of Sciences' Institute of Medicine in a March 1999 report, has discovered beneficial uses for marijuana in treating or alleviating the pain, nausea, and other symptoms associated with a variety of debilitating medical conditions."

**Q.** What is a "debilitating medical condition"?

**A.** MCLA 333.26423 of the MMMA defines a "debilitating medical condition" as follows:

- (1) "Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, or the treatment of these conditions.
- (2) A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.
- (3) Any medical condition or its treatment approved by the state department of community health....."

**Q.** Is it true that Federal Law does not permit the use of medical marijuana?

**A.** Yes. The ability to grow, cultivate, store, dispense, manufacture, transfer, ingest, or acquire marijuana, as permitted by the MMMA, constitutes violations of federal law. However, in November 2008 U.S. Attorney Eric Holder directed federal prosecutors to back away from pursuing cases against medical marijuana patients and their sanctioned suppliers in those states which allow medical marijuana. Thus, it appears that the Obama Administration has established a policy of not pursuing federal prosecution of state marijuana laws.

**Q.** Is the Michigan Medical Marijuana Act the same as the California law?

**A.** No. There are significant differences between the two laws. California's law provides for "cooperatives" which has resulted in

many communities permitting the sale of marijuana at dispensaries. Los Angeles recently adopted a new ordinance which takes effect on June 7, 2010 limiting the number of dispensaries to 186. A May 11, 2010 *Wall Street Journal* article referred to the City Attorney sending out letters mandating that 439 dispensaries shut down before the effective date of the new ordinance. Unlike Michigan, California doesn't limit the amount of medical marijuana a patient can possess. Legal experts have indicated that the Michigan Law was modeled after the Rhode Island law.

**Q.** Can doctor's offices or pharmacies dispense marijuana?

**A.** No. Federal law classifies marijuana as a Schedule 1 drug which means that doctors and pharmacists can not prescribe or distribute it.

**Q.** What's the likelihood that the MMMA will be amended?

**A.** The MMMA was a citizen initiated law which makes it difficult to amend or repeal. Michigan Law mandates a ¾ majority vote in the Senate and the House to overturn a "legislative initiative" such as the MMMA. In addition it must be recognized that 63% of the voters supported the initiative and that there are now over 20,000 registered Patients and Caregivers.

**Q.** Are Patients required to register or obtain some type of permit from our municipality?

**A.** No. There are no provisions in the MMMA permitting municipalities to impose registration, licensing, or permit requirements on Patients.

**Q.** How many Patients and Caregivers do we presently have in our community?

**A.** Due to confidentiality provisions in the MMMA, there is no way of confirming how many Patients or Caregivers there are in a municipality or their home addresses.

**Q.** How much marijuana could be produced by a Patient's 12 permitted plants?

**A.** Cannabis plants grown indoors under ideal conditions flower 3-5 times before dying, meaning the 12 plants could annually produce 43-72 ounces. A study of medical marijuana patients in Washington revealed they consumed an average of 27 ounces per year.

**Q.** Any idea as to how much medical marijuana costs?

**A.** An April 20, 2010 article in the *Lansing State Journal* reported that a medical marijuana dispensary in Lansing was charging \$90 for a ¼ ounce. (Note: MCLA 333.26424 of the MMMA permits Caregivers to receive compensation for costs associated with assisting a Patient in the medical use of marijuana.)

"non-conforming use" status and argue that they were exempt from future regulations.

- If the community does not adopt medical marijuana regulations it could result in law enforcement agencies bearing the brunt of future problems.

### Prohibition Approach

In July 2009, the City of Livonia, Michigan adopted an Ordinance prohibiting the licensing of any business which is in violation of Federal Law. Federal law prohibits the cultivation and sale of marijuana. Thus, Livonia officials have taken the position that Federal law preempts the enactment of municipal ordinances permitting medical marijuana dispensaries.

The City of Grand Rapids is in the process of drafting zoning ordinance amendments pertaining to medical marijuana. Officials from the City's Planning Department have taken the position that dispensaries are a violation of Federal Law and also their zoning ordinance states that if a use isn't permitted it's prohibited, thus dispensaries are prohibited. Grand Rapids is also unique in proposing to permit caregivers to operate as home occupations subject to licensing by the City Clerk.

A March 8, 2010 *Detroit Free Press* article estimated 150 California cities have adopted outright bans on marijuana dispensaries.

The following pros and cons have been identified regarding the Prohibition Approach:

#### Pros:

- This is a simple approach, only two sentences would be needed to be inserted in the Zoning Ordinance reading: "Uses not expressly permitted herein are prohibited. Uses for enterprises or purposes that are contrary to federal, state or local laws or ordinances are prohibited."
- There is no specific language in the MMMA referring to uses such as dispensaries, thus a municipality is under no obligation to legally provide for them.

#### Cons:

- A legal challenge could be filed alleging that a prohibition constitutes a violation of the spirit of the MMMA.
- Prohibiting all medical marijuana uses could constitute a prohibition of a land use in the presence of a demonstrated need which is a violation of Section 207 of the Michigan Zoning Enabling Act. However, questions could arise as to whether the uses are "lawful."
- Attempting to prohibit uses associated with medical marijuana could boost "black market" operations which would not provide for any governmental scrutiny.

### Regulatory Approach

Planning and zoning officials have generally recognized that the failure to address distribution is one of the major failings of the MMMA. Although the term "dispensary" is not defined or referred to in the MMMA, it's become the generic term to connote medical marijuana distribution.

Numerous Michigan municipalities have adopted, or are in the process of adopting, zoning ordinance amendments which would allow for medical marijuana dispensaries via the Special Land Use procedure. MCLA 125.3502, being section 502 of the Michigan Zoning Enabling Act, provides general parameters for the Special Land Use procedure. As with any new use, municipal officials should analyze the various issues associated with dispensaries which could include the following:

#### Questions for Municipalities Opting to Regulate Marijuana Dispensaries

Following are key questions that municipalities which choose to regulate marijuana dispensaries should seriously consider before engaging in regulation:

- What concerns have municipal officials identified which may result from the operation of dispensaries?
- Do the proposed regulations reasonably protect the public health, safety and welfare?
- Are the proposed regulations consistent with the purpose of the municipal zoning ordinance and the goals/policies of the master plan?
- Are the regulations easy to interpret and enforceable by staff?
- What zoning district should dispensaries be permitted in? (It is often assumed that public opposition may be vehement if dispensaries are permitted in residential districts.)
- Should the definition of dispensary contain a "threshold point" as to how many caregivers could share the same facility without constituting a dispensary? (For example, should dispensaries be defined as premises housing three or more caregivers in order to permit husband and wife caregivers to cohabit without being classified as a dispensary?)
- Should there be separation requirements? (Some communities are requiring separation from schools, child care centers, and other dispensaries which is similar to distancing requirements for adult entertainment uses.)
- Should minimum security measures be mandated? (MCLA 333.16424 mandates that medical marijuana be kept in an enclosed, locked facility. Would this prevent growing plants outside in a fenced and locked facility?)
- Should the hours of operation be limited? (If the municipality

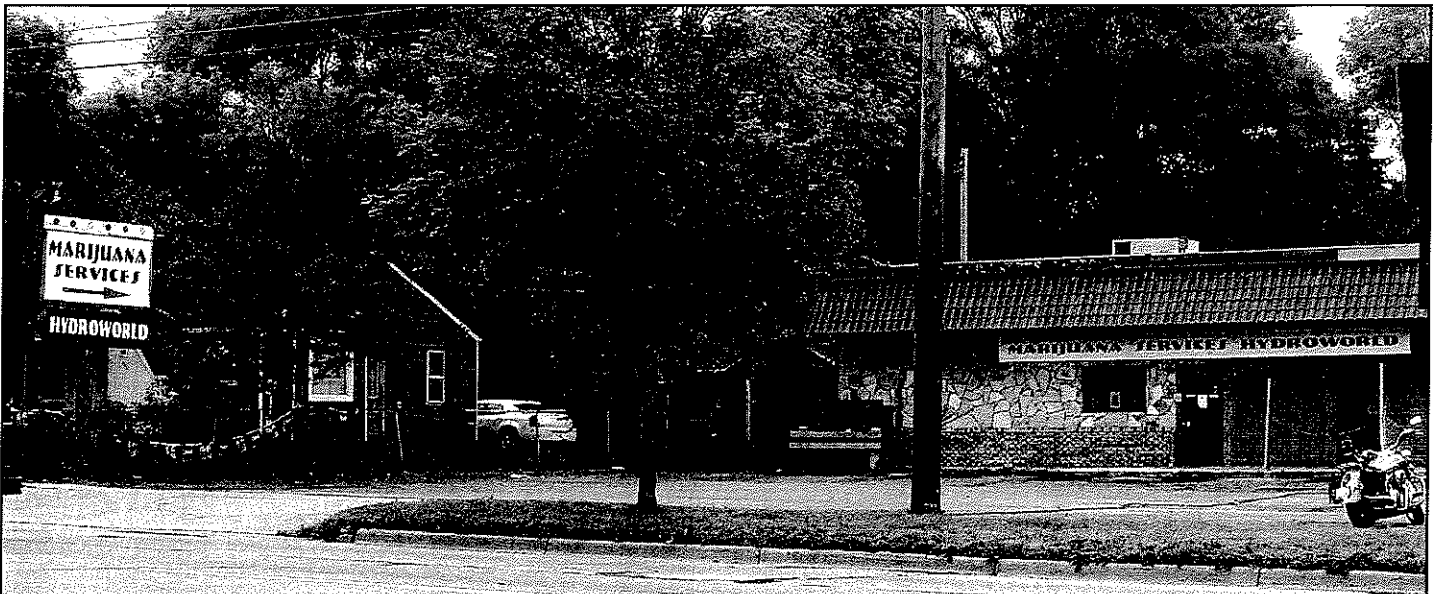


Photo by Hallie Wyckoff

Business in South Lansing offering medical marijuana services.

does not limit the hours for other uses it would appear to be discriminatory to subject dispensaries to limited hours.)

- Traffic generation. (Some municipalities have attempted to limit weekly patient visits to a dispensary which would be difficult, if not impossible, to monitor. Are there any other uses in the municipality which have limited trips per day such as home occupations?)
- Should a "cap" be placed on the total number of dispensaries in the municipality? (San Francisco established a "cap." It could be difficult to legally justify a specific number of dispensaries in a community.)

#### Auburn Hills Example

In November 2009, the City of Auburn Hills was one of the first communities in Michigan to amend their zoning ordinance to permit Medical Marijuana Dispensaries. Auburn Hills officials decided to take the "regulatory approach" and permit dispensaries via the Special Land Use approach.

The Auburn Hills Ordinance defines dispensaries as follows:

*"Medical Marijuana Dispensary: A facility where primary caregivers who are legally registered by the Michigan Department of Community Health (MDCH) may lawfully assist qualifying patients who are also legally registered by the MDCH with the medical use of marijuana in accordance with the Michigan Medical Marijuana Act, as amended. A use which purports to have engaged in the medical use of marijuana either prior to enactment of said Act, or after enactment of said Act but without being legally registered by the MDCH, shall be deemed to not be a legally established use, and therefore not entitled to legal nonconforming status under the provisions of this Ordinance and/or State Law."*

Dispensaries are allowed in Auburn Hills' General Business District (B-2) subject to the granting of a Special Land Use Permit. The ordinance contains four specific criteria:

1. The dispensary building shall not be located within 1,000 feet of a school, nursery school, day nursery, or child care center site.
2. Quarterly inspections shall be made by the City Manager's designee to confirm the dispensary is operating in accordance with applicable laws including, but not limited to, State Law and City Ordinance.
3. If the dispensary ceases operations for a length of time of 60 days or greater, then the permit shall expire.
4. Dispensary drive-through facilities shall be prohibited.

#### **Regulation of Dispensaries**

The author has identified the following pros and cons regarding the regulation of dispensaries via a Special Land Use Permit:

##### Pros:

- The MMMA permits Caregivers to receive compensation for costs associated with assisting a Qualifying Patient in the medical use of marijuana. (See MCLA 333.26424)
- The MMMA stipulates that persons shall not be subject to arrest or prosecution for "assisting" patients with using or administering marijuana. (See MCLA 333.26424)
- Providing for the establishment of dispensaries would facilitate the delivery of medical marijuana to qualifying patients.
- Non-residential locations could provide adequate security, more police patrols, better lighting, fire safety and parking. The SLU process would provide an opportunity for inspections by the municipal staff and disclosure as to whether the applicant has ever been convicted of a violation of any law regulating controlled substances.
- Providing for dispensaries at commercial locations could fill vacant storefronts in the community.
- Establishing dispensaries would provide economies of scale for multiple caregivers.

##### Cons:

- Medical marijuana distribution establishments constitute a violation of the Federal Controlled Substances Act (see Sec.

21 USC 856) and thus should be prohibited.

- Would there ever be an instance where residents would support a dispensary near them? Elected officials would be in a quandary between an applicant who could possibly meet all ordinance requirements and neighborhood opposition. If they deny the request, they could be sued, just as they could for approving it.
- Quarterly inspections of dispensaries (or other monitoring requirements) could be onerous for a municipality, especially if a number of dispensaries are permitted. Are there any other uses in the municipality subjected to the quarterly inspection requirement?
- The public notice requirements of the Michigan Zoning Enabling Act for Special Land Uses could violate privacy rights.
- Subjecting dispensaries to the Special Land Use process could result in dispensaries "going underground" to avoid regulation.
- Medical Marijuana is considered a medicine as per the provisions of the MMMA. It could be argued that since medical clinics are typically a "Use Permitted by Right," Medical Marijuana Dispensaries should also be permitted "by right." (However, it could be argued that there are significant differences between the two uses in that dispensaries typically permit the growing and dispensing of marijuana while medical clinics do not permit similar activities.)
- It could be argued that mandating the Special Land Use process for medical marijuana dispensaries is inequitable. Other "assembly" uses (bars, theaters, bowling alleys) could also have "adverse secondary effects" but they often are not subjected to the Special Land Use process.

#### **Compassion Clubs and Smokehouses**

Among the land uses related to medical marijuana which are being established in some communities are Compassion Clubs. The City of Lansing's proposed ordinance defines a Compassionate Care Center as: "Any entity whose members are solely comprised of licensed caregivers and registered patients under the Act, who each pay membership dues equally to the entity, is incorporated as a non-profit corporation, does not collect or receive an administrative fee under the Act, and whose total supply of marijuana does not exceed \_\_\_\_\_ at any given time." The draft Lansing ordinance notes that Compassionate Care Centers "shall not be deemed dispensaries" and unlike dispensaries, Compassion Centers would not be subjected to regulation. Compassion clubs typically mandate dues and may or may not permit ingesting marijuana on the premises.



A haircut and ... alternative medicine. Storefront in Old Town in North Lansing.

Law enforcement personnel have expressed concerns about patients congregating at Compassion Clubs, ingesting medical marijuana and then driving away under the influence. However, parallels can be drawn to establishments serving alcoholic beverages at which attendees can over indulge and leave under the influence. In addition, Compassion Clubs can provide many support opportunities, including networking and social and educational functions.

The regulation of Compassion Clubs would most likely depend on what activities (dispensing, growing, ingesting) would be conducted on the premises. Compassion Clubs may have a wide variety of other activities including cooking classes, farmers' markets, and physician certifications for patients.

### Medical Marijuana Growing Operations or Cooperatives

Medical marijuana growing operations or cooperatives have been envisioned by some as an economic stimulus which could fill vacant warehousing, create jobs and provide a centralized location for multiple caregivers who wish to grow marijuana. However, other community officials have interpreted the MMMA such that a close patient/caregiver relationship was intended due to the small quantities of medical marijuana permitted to be grown and possessed and the fact that caregivers can only provide for five patients. This approach could be the antithesis of providing for retail and revenue opportunities such as dispensaries and large scale grow operations.

Zoning officials are faced with the dilemma of determining which zoning districts marijuana grow operations should be permitted in. Establishing grow operations in industrial districts makes sense because of Michigan's present surplus of warehouses, the security provisions offered by industrial-type buildings, the availability of public water for irrigation equipment, and the provision of heavy-duty electrical service to power grow lights and ventilation equipment. It could be argued that indoor marijuana grow

operations are similar to other indoor agricultural uses such as mushroom farming.

Permitting indoor marijuana growing in Agricultural Zoning Districts would most likely occur in rural areas if authorized by the Zoning Ordinance. Questions have arisen as to whether Michigan's "Right to Farm" Act could be used as a defense to establish a medical marijuana grow operation in an agricultural zoning district. The Act defines "farm product" as "plants... useful to human beings produced by agriculture." However, the Act states that a farm operation shall not be found to be a public or private nuisance if it conforms to "generally accepted agricultural and management practices" (GAAMPs) as determined by the Michigan Commission of Agriculture. At this time the Commission of Agriculture has not developed such guidelines for the growing of medical marijuana.

Defenders of the MMMA have noted that the limitation of 60 plants per caregiver would provide growers an income of \$25,000 or less a year which would not permit them to rely on growing medical marijuana as their sole source of income. However, growers may be able to produce the drug more cheaply if a large scale growing/distribution operation could be established in a warehouse.

On June 3, 2009, there were three Senate Bills (616, 617 and 618) introduced which were primarily intended to reclassify medical marijuana from a Schedule 1 to a Schedule 2 controlled substance so that it could be dispensed at pharmacies. Senate Bill 618 would prohibit medical marijuana from being grown, sold or distributed unless it were grown in a medical marijuana growing facility licensed by the Department of Community Health. The Bill would only permit the licensing of up to 10 facilities per year with a \$2,500 annual fee. The Bill would also prohibit local governments from enacting ordinances regarding medical marijuana growing facilities. Medical marijuana advocates are generally opposed to any legislation which would limit their rights to "grow their own." As previously noted, the Bills have not advanced since being introduced.

The NORML web site provides an excellent overview of the potential of hemp cultivation in the United States. Hemp is a variety of *cannabis sativa* (marijuana) that contains less than 1% THC which is the psychoactive ingredient in marijuana. Hemp based products such as jeans and computer paper could become popular if the Federal Drug Enforcement Agency were to relax their licensing rules for large-scale farming.

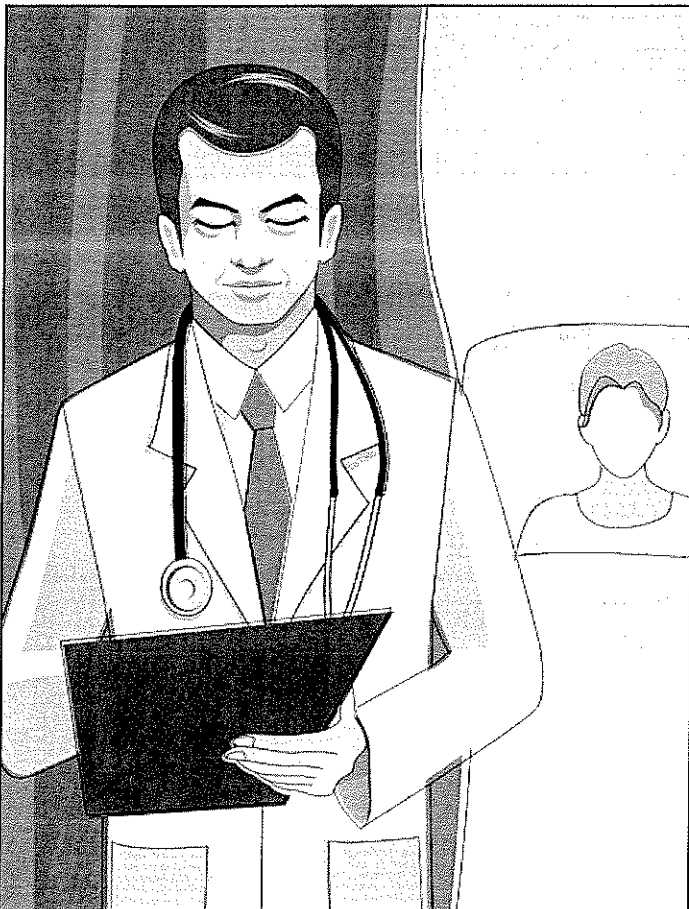
### Medical Marijuana Delivery Services

Medical marijuana delivery services, using mail/private delivery services or making personal deliveries, are beginning to proliferate in Los Angeles, California. The delivery services may possibly be a reaction to attempts to curtail the number of dispensaries in the city. Delivery service advocates have noted that those most in need of medical marijuana often are not well enough to get to a dispensary. Other customers avail themselves of a delivery service because they do not want to be seen frequenting a dispensary. Delivery services are low capital ventures in that all that is needed is a vehicle, a cell phone and a supply of medical marijuana. It would be very difficult for municipalities to be aware of the operation of a delivery service unless it was associated with another use such as a dispensary or compassion club.

### Uses Permitted by Right

It would appear that many uses associated with medical marijuana should be considered as "uses permitted by right" in commercial and office zoning districts by zoning officials. Examples of these uses include:

- Clinic where physicians provide certifications of a qualifying medical condition for a patient.
- Retail stores selling marijuana paraphernalia, growing supplies, etc.
- Classrooms where marijuana growing and cooking techniques are taught.



## Alternatives to Zoning

This article focuses on the use of zoning to regulate medical marihuana. Your municipal attorney may wish to explore a licensing procedure for medical marihuana. The following arguments are offered for the licensing approach:

- Licensing utilizes the municipalities' police powers which permit broader application and greater scrutiny than zoning which is encumbered by the stringent provisions of the Michigan Zoning Enabling Act.
- Licenses can be subject to annual renewals whereas once a land use is established under zoning it typically becomes a permanent permitted use and "runs with the land."
- Licenses could be applied to any location, thus decisions as to what zoning districts should be designated could be avoided.
- Licensing could generate annual revenue to defray the costs of administration.
- Zoning regulations pertaining to medical marihuana could be subjected to a referendum by well organized pro-marihuana interests. (Don't forget that 63% of the electorate supported the law!)
- Medical marihuana uses established prior to zoning rules could claim "grandfather" status and attempt to avoid regulation. It would be much more difficult to avoid an annual license.

## General Suggestions

Following are some general suggestions that may help your community prepare a measured response to the principal medical marihuana issues facing your community.

- Provide municipal officials with a general overview of the MMMA and seek direction as to how they wish staff/planning commission to proceed. (Before an elected official states that "we don't want medical marijuana in our community" check the November 4, 2008 election results regarding Proposal One to see if a majority of the electors in your community supported the ballot proposal.)
- Consult with your municipal attorney when drafting any regulations pertaining to Medical Marihuana. Contemplate the costs of a protracted legal battle. Keep a dialogue with legal counsel going since litigation pertaining to medical marihuana appears inevitable.
- Seek the input of local law enforcement officials early on so they can be supportive of any regulations drafted.
- Contact Marijuana advocacy groups and solicit their input regarding draft municipal regulations.
- Accept the reality that there are most likely already "qualified patients" and "registered caregivers" in your community.
- Consider the passage of a six month moratorium on the issuance of any permits/licenses pertaining to any Medical Marihuana uses in order to provide time to draft regulations (The City of Grand Rapids passed such a moratorium in November 2009.)
- If the municipality intends to permit Medical Marihuana uses, "Test Drive" the regulations to make sure they will not be exclusionary. (For example, some communities mandate a 1,000 ft. separation between Medical Marihuana Dispensaries and a residential zoning district which could result in no parcels qualifying if a commercial strip is bordered by residential neighborhoods.)

## Municipalities That Have Adopted or Are Considering Medical Marihuana Ordinances

Howell, Michigan: On May 24, 2010 the Howell City Council approved a zoning ordinance amendment prohibiting uses that violate federal, state, or local law.

Livonia, Birmingham and Bloomfield Hills, Michigan: These three communities have amended their zoning ordinances to prohibit uses that violate federal, state or local laws.

Roseville, Michigan: In October, 2009 the City of Roseville adopted rules restricting dispensaries to business districts and mandating that dispensaries be located 1,000 feet from any church, school or residential use.

Lansing, Michigan: The City Attorney's Office drafted medical marihuana regulations in May 2010 and transmitted them to the City Council for review.

Niles, Michigan: An ordinance has been drafted mandating that caregivers obtain special land use permits to dispense medical marihuana in a commercial zoning district.

Royal Oak, Michigan: The planning department has drafted regulations pertaining to dispensaries which are under review.

Grand Rapids, Michigan: City staffers have drafted regulations which would prohibit dispensaries, cooperatives, grow facilities and compassion clubs. Registered caregivers would be allowed to operate as a home occupation. The regulations have yet to be adopted.

Auburn Hills, Michigan: In November, 2009 the City amended their Zoning Ordinance to permit dispensaries via the Special Land Use Permit process. On June 7, 2010 the City Council is scheduled to consider a 60-90 day moratorium on dispensaries to provide the City time to further study the issue and revise the current ordinance.

Garden City, Michigan: Officials have enacted Zoning Ordinance amendments requiring medical marihuana businesses to locate in their commercial zoning district, but prohibiting such businesses in the central business district.

Saginaw, Michigan: City planners have drafted amendments to the City's Zoning Ordinance to address medical marijuana.

## Information Sources on Medical Marihuana

For more information, consult the following:

- [www.michigan.gov/mmp](http://www.michigan.gov/mmp)  
The Michigan Department of Community Health site, provides general info regarding the MMMA.
- [www.michiganmedicalmarijuana.org](http://www.michiganmedicalmarijuana.org)  
The Michigan Medical Marijuana Association provides medical marijuana information.
- [www.norml.org](http://www.norml.org)  
National organization working to reform marijuana laws. □



MichiganMedicalMarijuana.org