

Auburn Planning Commission

July 19, 2011

Minutes Regular Meeting

Called to order at 7:00 p.m. by chairman.

Member / represents /	term end in	Present	Absent	Reason
Black, Gary – Secretary / <i>industry & agriculture</i>	‘12	-yes	-	-
Everitt, Leo – Vice Chair / <i>education</i>	‘12	-yes	-	-
Haeger, Don – Chmn. / <i>transportation & communications</i>	‘14	-yes	-	-
LaBrecque, Lynn / <i>recreation & tourism</i>	‘13	- yes	-	-
Rezmer, Amy ./ <i>City Commission</i> /	----	-yes	-	-
Salisbury, Bill / <i>natural resources & public health</i>	‘13	-no	-yes	-vacation
Wisniewski, Al / <i>commerce</i>	‘14	-yes	-	-
Staff	* e-mail @ <i>auburnmi.org</i>			
Jo Ella Krantz – City Administrator	jkrantz*	-yes	-	
Karen Bellor – City Clerk	kbellor*	-no	-yes	
Public?		None		

1. Pledge of Allegiance
2. Motion by LaBrecque that the agenda be approved as presented, that minutes for May 17, 2011 be approved as presented and approve noted absences. Second by Wisniewski. Motion carried.
3. A guest of the Planning Commission was Wes Crumby, Au Gres, Michigan, owner of the Bay Area Herbal Clinic in Pinconning. The web site for that business is bayareaherbalclinic.com/. Mr. Crumby is also an active member of the Michigan Association of Compassion Centers (MACC). Their web site is *bigmac.com*. “... an organization representing the state’s citizens in defense of the rights provided under the Michigan Medical Marijuana Act. The MACC was created in response to the series of raids and legal challenges put forth by multiple law enforcement agencies during the months of August and September 2010.”

The Planning Commission invited Mr. Crumby because we feel it is important for us and the City Commission to understand the dynamics of the business. If we understand the issues, and avoid misconceptions, we can better respond to citizen’s questions and form better public decisions that will not put the city at risk of unnecessary legal action.

Mr. Crumby, who owns other business endeavors, explained that it was his experience with medical issues while helping his mother during a time of hospice care that prompted his interest and involvement in providing the service the MMA provides for.

Mr. Crumby described his facility as a former doctor’s office and that it operates in the format of a doctor’s office. Patients register and are called to meet with their caregiver or one of the other caregivers on site. The exchange (transfer) of medical marijuana takes place and the patients leave by a side door. All the Pinconning caregivers are also registered as patients.

In the Pinconning facility each caregiver has access only to their own prescribed amount of useable marijuana, the 15 ounce limit set by the MMA.

However, it is important to understand that the caregivers across the state are, broadly speaking, exchanging (transferring) marijuana with more than the five patients assigned by the state. This is because the MMA language recognizes patient-to-patient transfers. Mr. Crumby said the MACC basically looks at the transfers, even from patient/caregiver to patient, as a patient-to-patient transfer. Hence, a registered patient from Michigan, or a registered patient from another state that provides for medical marijuana, can go to any patient/caregiver and resupply themselves. There should be no presumption of one patient/caregiver and only five patient/customers.

For patient/caregivers, the value of that two part registration with the state is that it allows them to have the 15 ounces of usable marijuana on hand (2.5 ounces per person). This, he explained, is more important than the caregiver registration that also allows for cultivating up to 12 plants per patient. The reason for that? Mr. Crumby explained his perspective.

Growing Marijuana:

- **It takes a green thumb.** Few people have the time and dedication to tend to 72 marijuana plants growing inside (if they are growing the maximum amount allowed to someone who is registered as both a patient and a caregiver.) Some of the best growers are retirees in their 60's who have tended gardens and now have the time and experience. The plants have to be planted at intervals over a period of time (taking 15 weeks to reach maturity) so that when ready for harvest they do not have more than the 15 ounces of medical marijuana on hand at any one time. Consequently there will be caregivers who have 15 ounces on hand, who have more plants maturing, and need to “sell off” their usable stock to make room (and remain within the parameters of the MMA.) This is the *supply* side of the story.
- **For caregivers who do not want to grow-** they are the *demand* side of the story. Caregivers who do not want to grow (too much bother, too inexperienced, too complicated, etc) are more than ready to re-supply up to their 15 ounce limit from a caregiver who is growing marijuana.
- **To be sure this is clear, the value to the caregiver/grower is the ability to grow the maximum number of plants, and the value to the caregiver/dispensary is the ability to have the 15 ounces on hand.**
- **Further, you may get a certain amount of “free” marijuana if you agree to be assigned to a caregiver.** The reason? Patients themselves may find the growing part of their supply too much bother, too difficult if in ill health to begin with, not feasible in small apartments etc. Caregivers step in to meet the need of providing the supply. So caregivers, in general practice, reward their patients with certain amount free marijuana each month.

Growing (year-round) takes power.

- Mr. Crumby said a rule of thumb he uses is that it takes 1,000 watts of light to produce 1 lb. of marijuana. (One plant may really flourish and produce the 1 lb, or four plants may share the light, not flourish as well, and together produce the 1 lb.)
- Lights produce heat, heat needs to be ventilated. Plants need water, humidity needs to be managed. Plants produce odor, odor needs to be mitigated.

- So why bother?

Economics

- The profit in this “non-profit” business can be significant, but it does not come as easy as the illegal seasonal crop cultivated with minimal attention in an obscure location with dependence on natural light, rain, temperatures, etc. Because of the real business costs associated with either a sustained inside growing operation or a dispensary type business location, Mr. Crumby and the MACC believe only the astute and dedicated business people will survive.
- That there are significant dollars expended in the state may be true, but that does not translate to windfall profits for individual operations constrained by the MMA limits.

It’s not all smoke!

It would be a misconception to talk about patients as always smoking for medical relief. Many patients do not want to smoke, nor do they want the odor in their residence. The cannabinoids that provide the relief can be consumed in foods. Crumby believes that may be up to one half of the users.

Quality Control

- *Mr. Crumby’s observation is that there is little externally mandated quality control in the MMA businesses that have sprung up, however there are testing services available that can assure patients are receiving a certain level of active ingredients, whether the THC (the main active ingredient) or the cannabinoids.*

Business models

- *There are two business models to watch. One (such as was proposed for the Dr. Feelgood’s location in Auburn) involves lockers where part of the revenue stream for the business is rental of the storage locker. The other is an operation such as Mr. Crumby’s, multiple caregivers with access to only their own supply.*
- *In that context, Mr. Crumby said there are two cases to watch. 1- Isabella County where the courts could rule on the use of lockers, or they could rule on the validity of the patient-to-patient transfers. 2- A case in Alpena of a similar nature.*
- *Observers should watch for whether the locker system is ruled on, or whether the courts focus on patient to patient transfers.*

Recommendations

Mr. Crumby said the basic issue to decide is whether a community wants medical marijuana or does not. He has seen communities exclude it by zoning, and manage it by zoning regulations. However, at the same time, he concedes that it takes only one person with deep pockets to be willing to challenge a community on exclusion or

excessive regulation. A city can put roadblocks or potholes in the path, but in the end may be unable to stop without further clarification at the legislative level.

3. Following the discussion with Mr. Crumby we discussed the medical marijuana approach the Planning Commission could explore for future meetings. Consensus was reached on a focus for MMA activity at home and MMA activity as a business. **Home:** we will evaluate restrictions such as requirement of a special use permit, a limit of one caregiver per home, management and control of odor issues and electrical inspections required for upgrades necessary for inside growing. Also to be reviewed will be parking, traffic considerations in neighborhoods. **Business:** we will explore where such a business might fit with community concerns expressed so far. A “nice place” with restrictions such as the MACC recommends for security, cameras, signage may be useful tools.

4. Motion by Wisniewski for adjournment at 9:10 p.m. Second by Labrecque. Motion carried.

Don Haeger
Chairman

Gary Black
Secretary