Medical Cannabis distribution in Michigan:

The Farmers' Market Model

The not-for-profit Genesee County Compassion Club does not own, control, handle, sell or dispense Cannabis. It offers a secure space where patients and Cannabis providers can conduct transactions.

By Paul Meyer, MD

I'm in Genesee Township, hard up against the city limits of Flint, looking at what might be the future of medical cannabis in Michigan. The Genesee County Compassion Club (G3C) is tripling its size by adding a larger, somewhat classier storefront, two doors down from its current space. Both are in a small strip mall in a semi-gritty neighborhood right across the street from Flint proper.

The survival and expansion of G3C are cause for celebration in a city and state where the Republican administration elected in 2010 has made sabotage of the Michigan Medical Marhuana Act (MMA, spelled with the "h" in the state's law) a central thrust of its program. After dispensary sale of cannabis was ruled illegal by the courts in a 2010 decision —followed immediately by a series of raids— most of the 400 distribution outlets then in business quickly folded.

G3C'S SPACIOUS NEW DIGS.

But G3C is different. It operates as a "Farmers' Market," one of a small handful of such clubs in the state. Incorporated as a not-for-profit, at no time does it own, control, handle, sell or dispense any cannabis whatsoever. Its function is to serve patients and caregivers by providing a secure space where transactions can take place. Another part of its mission is education, and a variety of ongoing classes are taught.

G3C's original storefront is marked only by lettering on a glass door which opens into the reception area, a modest room comprising perhaps a third of the club's current 2,000 square feet. The walls are cinder block, the flooring vinyl. Friendly staff are stationed behind glass display cases. Bongs and other glass paraphernalia fill the cabinets. T-shirts with G3C logos are stacked on wall shelving.

The first step is ID-card check. I show my state card and buy a membership for $20. No records are kept —lose my card and it can be replaced if I have my receipt, otherwise I'll have to pony up again. Deal done, I am directed through the next door into the patients-only area.

Caregivers can grow 12 plants per patient for up to five patients under Michigan law.

A dozen or so restaurant booth tables line the walls; at each sits a caregiver —authorized by state law to grow 12 plants per patient for up to five patients— with wares on display: jars of trimmed bud, syringes of dark oil extract, Saran-wrapped medibles in piles. Many of the product labels contain information about cannabinoid content and contaminant levels. There are approximately a dozen labs now testing cannabis in Michigan for potency and purity.

Business seems brisk at most tables, with perhaps 20 patient/customers browsing, buying green medicine, sampling, and generating haze. I visited the club Saturday mid-day. Non-medicated food items are offered at a counter manned by one of the club's staff members. Imaginative hair and skin decoration are in abundance.

The back third of the club space has another large display counter at the rear door, this one for caregiver check-in. Their produce is weighed on entry. A small couch and square restaurant table and chairs provide limited space to sit. The only escape from music, fumes, conversation, and the general bustle of cannabis commerce is a small private office. Or the bathroom.

The new space

G3C's new space has a different feel, and it isn't just that it's empty and quiet. The booths and tables are brand new, and they contrast nicely with the charcoal-gray composite floor. The place was a gym until a month or two ago. The addition could be said to have a décor, enhanced by gleaming stainless steel at what will be the sizeable espresso and snack bar.

The menu will feature "whatever we can serve without having to deal with restaurant regulation through the Health Department," says Amanda, the club's assistant manager, who is giving me the tour. The 4,000 square-foot space is undivided, with a feeling of expansiveness.

G3C now has over 6,000 members. Things are looking up —and here in Flint, of all places, the setting for Michael Moore's 1989 film *Roger and Me*, which documented the economic devastation inflicted by General Motors.

Under pro-business-as-long-as-it's-not-pot Rebublican Governor Rick Snyder and Attorney General Bill Schuette, Michigan dispensaries and growers have in the past two years suffered waves of raids and prosecution. No matter that a May 2012 State Supreme Court decision generally supported patients' rights to possess and transfer cannabis, and undercut some of the of the legal rationale for much of Schuette's crusade. The damage has been done, with cannabis entrepreneurs by the hundreds out of business, and in no position to fight back.

An Interview With Jeremy Rupinsky

To find out what makes G3C tick —and go on ticking in the face of statewide attacks on medical cannabis growers and distribution points— I interviewed Jeremy Rupinski, a founder and board member.

Jeremy is an articulate 30-something with orange-reddish stubble and long, tied-back hair. After dropping out of college he went into banking and ran a commercial branch for 10 years. He currently supports himself as a caregiver.

We sat down at a table in the nearly-ready new club space. A lunch was just ending for a dozen or so members who had spent the morning picking trash from the roadside at the club's adopt-a-highway section.

PM: Tell us how G3C got started, and what it was like in the beginning.

JR: We started with three volunteers and the idea of acting on the new rights granted us by the passage of Michigan's medical marijuana law in November 2008.

PM: Were you active in getting the state ballot initiative passed?

At first it was just a few like-minded people sharing what they knew about the new law, and cannabis as medication. Then we decided to start having public meetings to share what we knew.

JR: I did a little, not a lot. But as soon as the law passed we were ready —we had been waiting for it. We had our first meeting in December of 2008. At first it was just a few like-minded people sharing what they knew about the new law, and cannabis as medication. Then we decided to start having public meetings to share what we knew. We were advertising locally, and gathering in libraries and rented halls, including the banquet room at the local bowling alley.

CAREGIVER WITH HER MEDICATIONS.

The law went into effect in early December of 2008, as specified by the constitution —30 days after the approval of the ballot initiative. Yet for a while there was total confusion about what the law meant, and how it was going to be implemented. By April of 2009, the Department of Health and Human Services (HHS) had their act together sufficiently to start sending out applications for permits.

The guidelines issued by the Department were sketchy at best, although they had initially proposed much more extensive rules about what the program would look like: 40 pages of them. But at a Department hearing early in the process, lots of people, including some state officials, expressed that they didn't like what they were seeing. People commented that, "This is far more detailed than we were looking for." So HHS backed off, and in a nutshell said, "Well, we decided that we're basically not going to have any rules. The law says what it says, and that's what it is."

PM: Essentially deferring to the police and prosecutors--especially the state AG--and the courts to figure it out?

JR: Yes, So that's why we were left in a sort of limbo initially. But that's one of the things that helped us in the compassion clubs. The state did such a poor job of telling us about the program —how it works, and anything about medical cannabis— that people were really grasping for information. So when people went looking for alternative sources, we were one of the few places they could get informed.

We had people coming down here to our educational meetings from all over the state, even from hundreds of miles away, in the Upper Peninsula. They were waiting for somebody to tell them something. At or first meetings I was up there going hoarse, talking without a microphone. Later we had a 90-minute Power Point presentation. These people would be so happy, and they'd say, "This is great! I'm going to go to the doctor and get my card, and get my garden started!" They needed someone to tell them how the program worked.

PM: Exciting times.

JR: Yes, there was tremendous enthusiasm, and it has always been the drive and commitment of patients and caregivers which has made G3C successful. That's why we are all very excited about our expansion into the new larger facility. Many

continued on next page

The Political Context

In June 2012 the Michigan Supreme Court reversed a prior appeals court ruling to affirm that a patient with a medical condition and physician certification has the right to possession and use of cannabis, with or without an ID card. Although obtaining a card is preferred for more complete protection, the patient's right to the affirmative defense was upheld, with the court ruling that the patient's right to use of the herb is not and cannot be abrogated by technicalities dealing with exact numbers of plants, weight of medication, security of locked facilities, etc.

A pending Supreme Court case will determine the validity of an appeals court verdict in the *McQueen* ruling, which effectively outlawed dispensaries. The court ruled that dispensary '"sales" of medications were illegal, despite the language of the law, which allows both "transfer" of medication, and "compensation" for it.

Go figure.

AG Schuette had travelled the state extensively in 2011, in an effort to "educate" local law enforcement on his particular take on the law—which is legally binding unless and until reversed by the courts. His extremely constricted interpretation of the law has been repudiated to an extent by the state Supreme Court, yet the damage has been done: More than 400 dispensaries and grow operations were once in business; the great majority have now gone bust.

There are numerous bills pending in the Michigan legislature, intending to clarify or amend the MMA. Most of them are supported and/or initiated by opponents of the law, and would have the effect of limiting its scope and restricting patient rights, thus increasing vulnerability to arrest and prosecution. One bill removes glaucoma from the list of qualifying conditions. Another disallows lawsuits challenging local ordinances prohibiting weed-related activity. One would extend the duration of a physician certification to two years--a positive step, but it also grants law enforcement automatic access to the state patient registry, without the need for a warrant, or even probable cause. One, introduced by a legislator-chiropractor, would allow dispensaries, but give local governments regulatory and veto power. Despite the few favorable elements these bills contain, they bills have been uniformly opposed by the Michigan Medical Marijuana Association as detrimental to patients. —*PM*

Farmers Market *from previous page*

of our members have no good place to use their medicine. They live in apartments, or housing where they can't really medicate at home. The new space will greatly increase our ability to meet the needs of these people, and that has always been what we are all about.

PM: How about getting set up as a non-profit corporation?

JR: There were a very few people who got it started. Tom and Cheyenne were the two who helped me do it. With some coaching from the Michigan Medical Marijuana Association (MMMA) we learned some lessons, and retained attorneys back in March of 2009. Once we were an incorporated non-profit we could have a bank account and members, and start issuing cards, and making up T-shirts.

PM: What about your relationships with the local authorities?

JR: We talked with them before we got started, the township attorney and other officials. Genesee County is not hostile to cannabis, and we have good relationships with law enforcement.

PM: What about the state's no-smoking-in-public places law?

JR: As a private club we are exempt from no-smoking regulations. It looked like it might be an issue for the township, but we argued that this was a private facility where people should be free to exercise their rights, and they accepted that.

PM: How did you first get into a space of your own?

JR: The building was vacant, like a lot of buildings around here. The owner graciously agreed to let us have it rent-free for six months. At first it was a jury-rigged operation. We were working with scrounged card tables and folding chairs. No electricity for a while, we couldn't afford power, or the hookup fee. But we finally we had a space of our own where we could meet, and most importantly, medicate.

When we first moved in —it was August of 2009— we were open once weekly for meetings and medicating, then we went to two, then three days, and then four, and finally five days a week. We designed and began the educational program as well, designating those times as no-medication.

It took a while for things to feel stable. I remember one winter night when the power went out. I had to go across the street to Kroger and buy a bunch of candles. We had a kind of vigil that evening, with 75 people gathered in the cold, by candlelight. But the idea was catching on like wildfire, because it worked for the patients, and it worked for the caregivers.

PM: how did membership grow?

JR: At the end of 2009 we were at maybe four or five hundred. 2010 was our biggest growth year. I remember the milestones; after 800 it started to shoot up pretty quickly, to 2,000, then 4,000 members. We were averaging ten to twelve new members a day, and then it jumped to where we were doing 25-to-30 new people a day. Now we have over six thousand members, and we currently get ten-to-twelve new members a day.

DM: I see quite a few people working. How do you handle staffing?

People would be hanging out, and they'd say. "Can I help you out at the door for an hour or two?"

JR: We started employing a staff less than a year ago, in September of 2011. Until then we had been running purely on volunteer labor. People would be hanging out, and they'd say. "Can I help you out at the door for an hour or two?" We have had them come and go, with many incredibly faithful and dedicated to what we are doing here, coming in two-three days a week to handle security, checking paperwork, running the snack bar, clean up, whatever. This place could not and would not have worked without all the committed people.

Former Banker Jeremy Rupinsky was the sherrif at G3C's 4/20 costume party.

DM: And you were here much of that time?

JR: Yeah, board members spent a lot of time here initially, trying to make it work

DM: But not anymore ?

JR: Not as much. I'm here maybe 25 hours a week on club business, and I also put in some time as a caregiver. This wasn't about making a job for myself. We currently have about a dozen employees, and they pretty much run the place. Our manager Ramona's position is a paid one, but she has not taken any compensation to date.

DM: we are seeing an ongoing flurry of legislative and judicial activity around the Michigan Medical Marijuana Act lately. What is your take on the law, and the ongoing controversies?

There shouldn't be debate about it —the law is in English and it's clear what it says.

JR: There is so much talk about the need for "debate" over the law and how it is to be interpreted, and I think this is the biggest lie of all. There doesn't have to be, and shouldn't be debate about it —the law is in English and it's clear what it says. The issue is that there are certain people out there who don't want to follow the rules of the law, some of them caregivers who want to misuse the program, and some lawmakers who don't like the program.

On both sides there are people who want to abuse it, narrow it, broaden it, redefine it. I say we just need to follow it. The MMMA provides what patients need, and we should embrace it to get the most out of it, individually and socially.

Patients need to ask, "How can I improve my health with this new opportunity?" Caregivers need to ask "How can I improve my patients' lives and health, and my own life, if I'm willing to work hard enough at it?" Society needs to accept the law to get the most out of it, and ask, "How can we benefit as a community from this new reality?"

The papers want to portray this as a controversial issue with so many things needing clarification, but it isn't controversial; most people don't have a problem with this. Clearly, Michigan as a whole doesn't.

PM: No, 63 % were in favor in the 2008 vote/referendum, with every county voting yes.

JR: Right. Every county!

DM: And yet there seems to be some ambiguity, and certainly a lack of information about the law, even on the part of law enforcement. Much uncertainty remains about what is legal and not, with many details about the status of medical cannabis depending on forthcoming court opinions.

How do you see things going forward, in the big picture?

JR: I think we're going to see different forms of decriminalization of cannabis, but they are going to favor industry. Laws are going be designed to appeal to the public, with a label denoting supposed safety through grower compliance with regulations, etc., etc. But it's going to heavily favor industry, and it's not necessarily going to be better.

DM: This is a Republican-governed state at the moment, with an administration talking the line about supporting the private sector.

JR: There are those who would be willing to let a cannabis industry grow, but on a corporate level rather than at the grassroots There is also talk at the federal level of rescheduling the cannabinoid compounds, leaving the plant itself on Schedule 1.

DM: Cutting out small growers, and patients, and caregivers.

JR: Right.

The more I learn about medical cannabis... the more I am coming to believe that it will remain most effective as a peoples' herb: one that can be grown in the garden.

DM: Which isn't surprising. The FDA has never been one to oppose the needs and wishes of the pharmaceutical industry, and government generally hears the voice of moneyed interests over the rest of us, especially those already disenfranchised by illness and poverty, and the stigma of using a demonized herbal medicine.

But the more I learn about medical cannabis —by reading, attending conferences, and learning from my patients who benefit from it— the more I am coming to believe that it will remain most effective as a peoples' herb: one that can be grown in the garden. I am seeing patients and caregivers carrying on the ages-old work of medical herbalism, and bringing something to the job that the drug industry will never be able to duplicate: a level of expertise in the choice of a strain, sensitivity to proper technique in cultivation and harvesting, and devotion to preparation of medications optimally tailored to a patient's condition.

JR: That's already been proven, in a way. I was looking at data from a Canadian company called Prairie Plant Systems. They currently grow and provide most of the cannabis medication —about 75% of it— to the Canadian program Health Canada. Their product averaged 12% cannabinoids, plus or minus 2%. Our club average is about 16-17%, which I'm proud to add is also higher than other clubs in the state. This is far above what these corporate "experts" can achieve, with their supposed mastery and control over the growing environment. And their cannabis is all the same strain, doesn't even have a name—just a number-letter code.

So here we are, the basement growers, kicking corporate butt. And we are testing ourselves for pesticides and contaminants as well, because we're concerned not just with potency, but with purity. Caregivers and patients are the only ones likely to add the intangibles, treating their plants almost like their children; pampering them, checking on them a couple times every day. If you are a grower depending on those plants for your livelihood, you have a huge interest in seeing them thrive. Compare that to somebody getting 10 bucks an hour, working in a corporate grow, taking care of sixty thousand plants for Prairie Plant Systems. Is that person always going to give plant 463 enough love?

Club manager Ramona Rupinsky

photos by Paul Meyer

DM: Sounds reminiscent of Sativex, another one-size-fits-all product. And I wonder how Irv Rosenfeld's weed measures up —the cannabis he has been given for 25 years by the government through the Compassionate Investigational New Drug Program.

JR: That tested at about 7% cannabinoid content. If somebody here at G3C got their cannabis tested at 7%, they'd be embarrassed to show their face. They'd end up moving it at half price just to get rid of it.

DM: I have seen news articles on Prairie's hopes to grow cannabis in Michigan underground, in abandoned mines. Have they got the political connections to make this happen—friends in the legislature?

JR: Well, enough to get a bill written which would give them an opportunity to move into the state. It's not like it refers to them specifically, but it sets up a basis for them to be able to operate here. They have been very vocal about what they want to do: "We operate this system in Canada, we know how to do it, and we'd like to do it in Michigan too."

They are already growing different kinds of plants here, including underground. And there are people in our state legislature who feel comfortable enough with a company from our neighbor Canada that they have brought out bills tailored to this company's objectives.

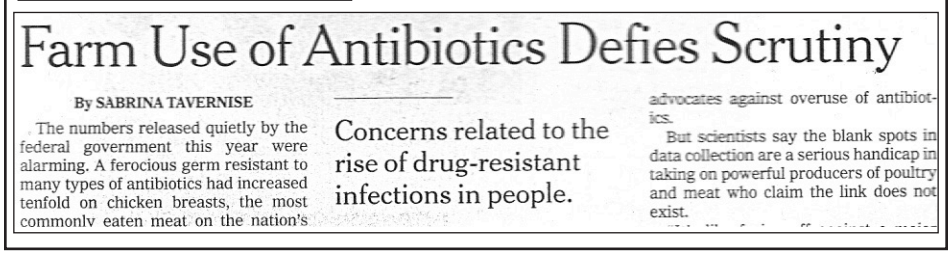
DM: Do these bills deal with other aspects of the process as well—regulation, taxation, distribution?

JR: Yes, they were careful enough to talk not just about the licensing of production facilities, but even the creation of funds to control and administer the license fees. It was a 45-page bill and 25 pages deal with a new legal entity—"Pharmaceutical Grade" cannabis and the "Pharmacetical Grade Production Facility," where it would be produced.

Theoretically, this leaves the door open so that anybody could apply and participate in this system, but I can guarantee that it won't be the kind of thing that your average mom and pop grower would be able to afford. It would be out of reach of most of us.

DM: Thanks Jeremy. Smooth sailing to you and G3C. And may this model find success around the state, as patient access to medication becomes more and more difficult.

The Context of Prohibition



Farm Use of Antibiotics Defies Scrutiny

By SABRINA TAVERNISE

The numbers released quietly by the federal government this year were alarming. A ferocious germ resistant to many types of antibiotics had increased tenfold on chicken breasts, the most commonly eaten meat on the nation's

Concerns related to the rise of drug-resistant infections in people.

advocates against overuse of antibiotics.

But scientists say the blank spots in data collection are a serious handicap in taking on powerful producers of poultry and meat who claim the link does not exist.