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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

I’m in Genesee Township, hard up against the city limits of Flint, looking at what for me is a novel and unique method of medical cannabis in Michigan. The Genesee County Compassion Club (GCC) istripling 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 the Farmers’ Market Model.

The survival and expansion of GCC are cause for celebration in a city and state where the Republican administration elected in 2010 has made sabotage of the Michigan Medical Marihuana Act (MMA, spelled with the “h” in the state’s law) a central thrust of its program. After the state legislature ruled illegal by the courts in a 2010 decision —followed immediately by a refusal of the governor to issue licenses for the 400 distribution outlets then in business quickly folded.

But GCC is different. It operat
ates 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.

GCC’s original storefront is marked only by lettering on a glass door which opens into the reception area, a modest room comprising a counter behind which the owner currently 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 GCC logos are stacked on wall shelving.

The first step is ID-card check. I show my ID, am handed a receipt, to be folded.

The guidelines issued by the Department of Health specify a limit of 2008, as specified by the constitution and the courts to figure it out?

PM: “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—tackles on medical cannabis growers and distribution points— I interviewed Jeremy Rupinski, a founder and board member. Jeremy is an articulate 30-something with orange-red 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. A lunch was just ending for Jeremy 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 GCC 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?

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 we knew about the new law, and canabis 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 we knew about the new law, and canabis 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. Things are looking up—and here in Flint, of all places, the setting for Michael Moore’s 1989 film Roger and Me, and his documented the economic devastation inflicted by General Motors.

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The law went into effect in early December of 2008, as specified by the constitution and the courts to figure it out?

PM: 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 canabis— 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 howe, 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 I’m going to my garden started!” They needed someone to tell them how the program worked.

PM: Extending times?

JR: Yes, there was tremendous enthusiasm, and it has always been the drive and commitment of patients and caregivers who has made GCC successful. That’s why we’re all very excited about this expansion into the new larger facility. Many

caregiver with her medications.

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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 McQueon ruling, which essentially 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.

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crease our ability to meet the needs of these

people, and has always been what we are all

out. PM: How about getting set up as a

non-profit corporation?

PM: There are 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

of March of 2009. Once we were an

incorporated nonprofit, we could build our

book 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 of-

ficials. Genesee County is not hostile to

cannabis, and we have good relationships with

law enforcement.

PM: What about the state's 'no-smoking-
gin' policy on public law enforcement?

JR: As a private club we are exempt from

no-smoking regulations. It looked like

might be an issue for the township, but

this was a private facility where people should be free to exercise

their rights, and they accepted that.

PM: Do you think 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 op-

eration. We were working with scrunched
card tables and folding chairs. No electric-

ity for a while. We would have to carry our

hookup fee. But 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 fi-

nally five days a week. We designed and

began the educational program as well, designating those times as no-

medication. It was a lot of work. I remember

one winter night when the pow-

er went out. I had to go across the street to

King Arthur for my lights. 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

they realized we were in it for the long

run, and it worked for the caregivers.

PM: How did membership grow?

JR: At the end of 2009 we were at maybe

four thousand. 2010 was our biggest

growth year. I remember the milestones;

after 800 it started to shoot up pretty quick-

ly, 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 25-30 new people a day. Now we have

over sixty new people a day. 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

volunteers, who would be hanging out,

and they'd say, “Can you help me out at

the door for an hour or two?” We have

them come and go, with many incredibly

faithful and dedicated to what we are do-

ing here, coming in two-three days a week
to handle security, checking paperwork,

and waiting. This place could not and would not have worked without all the committed people.

DM: And you were here much of that

time as well?

JR: Yeah, board members spent a lot of
time here initially, putting it to 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 actually

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 ongo-

ing 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 big-

gest 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 fact

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 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 con-

flict between the county and the Feds, when

in fact it won’t be the kind of thing that your aver-

gage 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 GMC. And may this model find

success around the state, as patients and

caregivers to medication becomes more and more

dificult.

The Controx of Prohibition

Farm Use of Antibiotics Defies Scrutiny

By Sabrina Taubman

The numbers released quietly by the

US government this week were

stunning. A normally private report

on antibiotic resistance in animals

cleanly boiled down to numbers that

simultaneously shock and titillate:

75 percent of all antibiotics

prescribed in the US are for

farm animals. The figure is

over twice the rate seen in the

US in 1999, when a similar

report was released.

Concerns related to resistant

bacteria that can cause

illness in people.