

Michigan NOARM

Michigan Chapter
National Organization for the Reform of Marijuana Laws

www.minorml.org

The
Leaflet

a publication for and about our members

2010, First Edition

Executive Director's Report

MI-NORML Members and Friends:

Can you believe it? Winter is almost over and our Medical Marijuana Law is now over a year old. Like many new laws, we have had our growing pains as this law matures, but for the most part, our opponents are slowly accepting the reality that Cannabis is here to stay in our great state. With maturity comes perfection, and I believe that we will see the issues of LLEPs and Dispensaries come naturally. I am told that we now have over 30 different strains of Cannabis being homegrown right here in Michigan, and as more professional caregivers come forward, I believe that we will finally see the price begin to fall. All we have to do is stay safe, be patient, and conduct ourselves as responsible, adult Cannabis consumers who are living within the confines of the Medical Marijuana law.

Michigan NORML's goals for 2010 (besides adding more members and chapters) are as follows:

1. Find out who your local, state, and federal reps are and which candidates are "cannabis-friendly."
2. Here are two questions for the upcoming candidates:
 - A) Do you support our Medical Marijuana Law?
 - B) If elected, would you sponsor and (or) support a "regulation and taxation system" for cannabis, much like what is in place for alcohol and tobacco? Over 63% of the voters in all 83 counties of the state of Michigan want to know!!
3. Do voter registration drives, targeting 18 year olds and up. They can't vote if they're not registered!!
4. Realize the importance of the August Primary and encourage voter participation. Usually, only 15% or fewer registered voters take the time to vote in primaries. Let's get this up to over 63% in all 83 counties!!

In closing, I can't stress enough the importance of this election year and EVERY CHAPTER DIRECTOR AND MEMBER GETTING INVOLVED. For the very first time in Michigan's history, we are electing a Governor, Lt. Governor, Attorney General, Secretary of State, Majority Speaker, Speaker of the House, and 72% of the Legislators - ALL AT THE SAME TIME!! If EVERYONE just gets involved and does their part, we can have "cannabis-friendly" people in office representing US for a change, and possibly realizing a regulation and taxation system for Cannabis by 2012. Always remember that Democracy is only for those who show up!!

As spring begins to blossom and the nights grow warmer, may the air be filled with the sweet aroma of Cannabis. See you at Hash Bash and other summer events!!

Rev. Steven B. Thompson, Executive Director, Michigan NORML
'Yes We Cannabis!!'

FROM THE EXECUTIVE SECRETARY

HI ALL, AND I HOPE THIS FINDS EVERYONE WELL.

I WANT TO THANK CAROL REED FOR THE OUTSTANDING JOB SHE HAS DONE THROUGH THE YEARS AS EXECUTIVE SECRETARY TO MICHIGAN NORML. CAROL HAS GIVEN OF HERSELF UNSELFISHLY IN HELPING TO GET MEDICAL MARIJUANA PASSED IN MICHIGAN AND IS NOW OFF ON ANOTHER ADVENTURE. TO THAT END, CAROL WILL BE STAYING ON MICHIGAN NORML'S BOARD, BUT HAS GIVEN UP HER EXECUTIVE SECRETARY JOB TO FOCUS ON HER NEW CHALLENGE. I HAVE ACCEPTED TAKING THE EXECUTIVE SECRETARY POSITION UNTIL NOVEMBER 2010. I WILL BE RUNNING FOR BOARD POSITION AT THAT TIME SINCE MY TERM IS UP. THE BOARD AND YOU WILL DECIDE IF I KEEP BOTH TREASURER AND SECRETARY POSITIONS AFTER THE BALLOTS FOR BOARD ARE COUNTED IN NOVEMBER. THERE WILL BE THREE BOARD POSITIONS UP FOR GRABS, SO ANYONE WHO WANTS TO GET INVOLVED, HERE IS YOUR CHANCE!

WE'VE HAD A CHANGE IN HOW WE ARE DOING THE MEMBERSHIP CARDS. ANYONE JOINING THROUGH PAYPAL CAN EXPECT THEIR CARD WITHIN 5-7 DAYS. IF SENDING THROUGH 'SNAIL MAIL,' EXPECT YOUR MEMBERSHIP CARD WITHIN 10-14 DAYS. IF YOU HAVE NOT RECEIVED WITHIN THAT TIME PERIOD, PLEASE CONTACT ME AT TREASURER@MINORML.ORG. T-SHIRTS ARE MAILED SEPARATELY AND WILL ARRIVE WITHIN 3-4 WEEKS OF JOINING.

MAYBE WE'LL GET LUCKY AND SEE CHEECH & CHONG SHOW UP FOR HASH BASH - IT WOULD BE VERY REMISS OF THEM TO IGNORE THIS EVENT SINCE THEY WILL BE IN TOWN FOR THEIR SHOW THAT NIGHT AT THE STATE THEATER IN ANN ARBOR TITLED, "GET IT LEGAL." FOR THOSE WITH TICKETS, ENJOY. I SAW THEM ON THEIR "FINAL" TOUR BACK IN 1975 AND IT WAS GREAT - MY JAWS HURT FROM LAUGHING SO HARD!

THE MDCH REPORTS THEY ARE ~120 DAYS BEHIND IN GETTING MMJ CARDS OUT TO PATIENTS AND CAREGIVERS. ONE ITEM THAT A LOT OF APPLICATIONS GET RETURNED FOR IS THE WRONG DOCUMENTATION FOR THE REDUCED FEE. IF YOU ARE ON MEDICAID, SSI OR SSD AND ARE APPLYING FOR THE REDUCED FEE, YOU MUST SEND IN A COPY OF YOUR "DISABILITY AWARD LETTER" SSA DOCUMENT VERIFYING RECEIPT OF DISABILITY BENEFITS, OR YOUR MI HEALTH CARD (FULL MEDICAID ONLY). BANK STATEMENTS AND COPIES OF CHECKS ARE NOT ACCEPTABLE DOCUMENTATION THAT YOU ARE RECEIVING MEDICAID, SSI OR SSD.

LOOKING FORWARD TO SEEING EVERYONE AT THE 2ND QUARTERLY MEETING AT 5:30 P.M. ON APRIL 2, 2010, AT THE CLARION INN IN ANN ARBOR. I HOPE TO SEE EVERYONE AT HASH BASH THE FOLLOWING DAY TOO.

PUFF, PUFF, PASS...

CHRISTEEN LANDINO, EXECUTIVE SECRETARY

Federal Agency In Charge Of Marijuana Research Admits To Stifling Studies On Medicinal Cannabis

By Paul Armentano

A spokesperson for the U.S. National Institute on Drug Abuse (NIDA) told the New York Times in January that the agency does “not fund research focused on the potential medical benefits of marijuana.” Under federal law, the agency must approve all clinical and preclinical research involving marijuana. NIDA strictly controls which investigators are allowed access to the federal government’s lone research supply of pot – which is produced and stored at the University of Mississippi.

NIDA spokeswoman Shirley Simson was quoted in a January 19, 2010 New York Times article entitled, “*Researchers Find Medical Study of Marijuana Discouraged*” as stating: “As the National Institute on Drug Abuse, our focus is primarily on the negative consequences of marijuana use. We generally do not fund research focused on the potential beneficial medical effects of marijuana.” NIDA presently oversees an estimated 85 percent of the world’s research on controlled substances.

In 2007, U.S. Drug Enforcement Administration (DEA) Administrative Law Judge Mary Ellen Bittner ruled that NIDA’s monopolization of marijuana research is not “in the public interest,” and ordered the federal government to allow private manufacturers to produce the drug for research purposes. In January of last year, DEA Deputy Administrator Michele Leonhart set aside Judge Bittner’s ruling. On January 26, President Barack Obama selected Leonhart to be the DEA’s Executive Director.

Commenting on NIDA’s admission, NORML issued the following statement: “NIDA has finally admitted to the world the catch-22 that has been facing medical marijuana advocates and patients all these years. Lawmakers demand clinical research regarding the safety and efficacy of medical cannabis, and the agency in charge of such research denies these studies from ever taking place. It’s sickening that these public officials have let political ideology, not science, determine American’s health decisions.”

Last November the American Medical Association’s (AMA) Council on Science and Public Health declared, “Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis.” However, the Council lamented that despite these encouraging results, “[T]here is a contrast between the relatively small number of patients who have been studied over the past 30 years in controlled clinical trials involving smoked cannabis and survey data from patients with chronic pain,

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multiple sclerosis, and amyotrophic lateral sclerosis that indicates a significant use of cannabis for self management.” As a result, the AMA’s House of Delegates resolved “[The] AMA urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines.”

Since any future clinical trials would require NIDA approval it remains unclear what effect, if any, the AMA’s declaration will have on facilitating medical marijuana research.

Paul Armentano is the Deputy Director of the National Organization for the Reform of Marijuana Laws (NORML).

Pot smokers have it right

I hear it all of the time, that “the industrial hemp debate is supported heavily by dope smokers,” or something along those lines. To me, it is one of the most stupid arguments used, illustrating ignorance and how closed-minded the person is. The reason I find such statements ignorant and closed-minded is because the people who make them are people who have never taken the time to learn about the issue, and in most cases are marijuana prohibitionists who lump pot and Industrial Hemp into the same category.

Not all Industrial Hemp advocates are “dope smokers,” but I have to admit that a large number of them are, and for good reason. The “dope smokers,” “potheads,” “stoners,” or whatever you want to call them, have an open mind and have taken the time to educate themselves. They have an interest in all things Cannabis-related and are always looking to learn more about it, such as how to grow it, what strands are most potent, what strands to avoid, etc. They are very passionate about their favorite herb.

On the other hand, prohibitionists are a very closed-minded group. They refuse to educate themselves on any aspect of the Cannabis plant or on what Industrial Hemp really is. They don’t want to know the facts because they would find that they might agree with the pot smokers, and no way in hell are they going to admit that! Instead of learning about the non-drug aspects of the Cannabis plant, they continue to rely on their ignorance to support their views.

There is a growing list of people who are not in either category of pot smoker or prohibitionist, and those people will be guided strictly by common sense and education. They don’t judge an idea or issue based on emotion or who is promoting it, but rather, they evaluate issues based on fact, as it should be.

So, wake up prohibitionists! When it comes to Industrial Hemp, the “pot smokers” have it right because they have common sense and education on their side. What do you have? How about if you simply take the time to at least educate yourself about Industrial Hemp?

The truth should not be discounted regardless of who tells it. Look at the facts from both sides, and then make up your minds.

- Everett Swift, Executive Director, MIHEMP



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"Homegrown is Good"

The Man Behind MI-NORML's Internet Presence: Meet Doug Nowiski

by Paul Backus, with dictation by Doug Nowiski

Since the Fall of 2008, I have been an active member of Michigan NORML. I can safely say that my decision to step-out and start trying to change cannabis laws is a decision that I do not regret one bit. Through MI-NORML, I have learned a great deal about cannabis, grown more confident in being an active reformer, and met a lot of great people that share an interest in a beautiful plant. I dare say it has been the best \$50 I've spent so far in my life!

I have witnessed heated debates on the talk-list, but in the end the consensus usually ends in knowing that we are all fighting for the same cause. I am glad to be a part of that community! In the first months of my joining, I was living further away from most protests, events, etc., so I was unsure how to best help besides contacting representatives. My answer was found when Everett Swift (of MIHEMP) announced his decision to focus entirely on MIHEMP, thus wishing to leave his duties as caretaker of Michigan NORML's MySpace page. I took over those duties, along with creating a Facebook group for MI-NORML as well. Then, last spring, Christeen Landino announced her wish to hand over the webmaster duties of the official website. I submitted my resume, and was given the position by the Board.

Since then I have re-designed the Myspace and website, and intend to continue to keep all of MI-NORML's internet presence up-to-date and looking good. Throughout my time as the webmaster for Michigan NORML, all members I have encountered have let me know they appreciate my work. I've never been in an organization more welcoming than this one, to say the least.

About me, though; I am 21-years-old, and currently working in Mount Pleasant. I don't have any truly 'concrete' plans in life, but wish to live a simplistic one, and maybe own a music store/head-shop some day. And of course, I want to experience the day when I'm free to smoke cannabis again without fear! I am self-taught and have no formal training in web-design or maintenance, but I have done it leisurely (for music events, bands, etc) off-and-on since high school. So, I openly invite fellow members to suggest ideas for the website. If you ever want to discuss anything, just email me at webmaster@minorml.org. I look forward to having a continued role in this wonderful organization!

Legislators' Eyes Are On Michigan: Make Us Proud

By Karen O'Keefe

Since I began working at MPP six years ago, the number of medical marijuana states slowly increased from eight to 14. Now there's a real chance to pick up the pace and protect patients in several more states in the next couple of years. Voters are expected to decide the issue in Arizona and South Dakota in November, and the following legislatures all have a real chance of passing bills this year: New York, Massachusetts, Illinois, Delaware, and Maryland. In addition to the question of how many laws will pass, the question remains: how protective will those laws be? You, and the medical marijuana communities in each medical marijuana state, have more to do with those questions than you might realize. *Not protective if state in control*

While many state legislators are supportive of the concept of protecting patients, they also want to be extremely careful to avoid diversion and abuse. One of the biggest concerns is that people who are not seriously ill will game the system. Under Michigan's law it is only legal to use marijuana for the purposes of treating and alleviating a serious or debilitating medical condition. Any events or actions inconsistent with that purpose — that look like they are not about medicine — may undermine respect for medical marijuana, and the effects may be directly felt by patients in other states that are considering medical marijuana laws.

In January, New Jersey became the 14th medical marijuana state, but the law doesn't protect most patients with severe, chronic pain. This is something all legislatures we're working in consider omitting. Leaving out pain patients would condemn many patients to taking highly addictive and potentially deadly medicines, like OxyContin, and in some cases can even lead to suicide. But the greater the perception is that people are qualifying who do not have serious conditions the more inclined legislators are to strictly limit conditions. While a January ABC News/Washington Post poll found 81% support nationwide for allowing medical marijuana, the number who supported allowing medical marijuana to be recommended for any condition was much lower, at 56%.

my god our enemies
The role of some medical marijuana physicians has also resulted in a backlash. Colorado's Senate just passed a bill to more strictly define a "bona fide physician-patient relationship" for purposes of the medical marijuana program. The idea of a medical marijuana-only practice concerns a lot of legislators, who know there are not OxyContin-only medical practices. Patients should be encouraged to educate their own doctors. However, some patients' primary doctors are afraid of repercussions if they recommend medical marijuana, and this is particularly a problem for veterans. To reduce the possibility and perception of abuse, it is important that physicians who specialize in medical marijuana abide by the highest standards.

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Michigan's law requires a bona fide patient-physician relationship for a written certification, and specifies that the doctor must perform a full assessment of the patient's medical history. For a medical marijuana specialist to demonstrate a bona fide relationship, the California Medical Association suggests the following: conducting a good faith exam, obtaining a medical history, ensuring the patient has a serious condition, consulting with the patient's primary care physician or obtaining the relevant portion of patients' medical records, and providing regular follow up assessment.

Another concern among legislatures is the perception of profiteering. President Obama's Department of Justice guidelines, which advised against arresting patients and providers in "clear and unambiguous compliance" with state laws, said, "prosecution of commercial enterprises that unlawfully market and sell marijuana for profit continues to be an enforcement priority of the Department." The purpose of Michigan's medical marijuana law was to protect patients, and it's important to always bear that in mind. In Michigan, caregivers are allowed compensation for "costs associated" with assisting their no more than five patients. Excessive profits undermine respect for the law and could lead to prosecution; they are frequently cited as the reason for raids in California. *No mention of Local Control*

It's an exciting time for medical marijuana policy, and a lot of progress has been made. You helped create a law that is now allowing more than 8,000 Michigan residents with serious illnesses to relieve their suffering without fearing arrest. But 74% of Americans still live in states where they can be arrested for using medical marijuana, and we need your help to help change that — and to help make Michigan's legislators and voters comfortable adding safe and regulated access, as the Rhode Island General Assembly did last year. *first come after local gov examples*

- Karen O'Keefe, JD, is MPP's Director of State Policies. She is a Michigan native who was the primary drafter of Proposal 1.

I want to join Michigan NORML

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During the past few months an economic downturn has tossed our political system into spirals. The Bureau of Labor Statistics reported the unemployment rate is rapidly falling and is currently at 8.1 percent. Economists all over the world are trying to figure out how to save the country from more debt. College students all over the country face student loan rejection and dwindling job opportunities.

All areas of industry are hit by this economic collapse and there is little assurance in the economic future. Thankfully, there is a chance for change that could create billions of jobs and save our economy. There is hope. There is **GREEN**.

For the past 38 years, the activists at NORML (The National Organization for the Reform of Marijuana Laws) have fought to reform (tighten) marijuana laws. The past few months have been an exciting time for NORML members and marijuana smokers around the country.

"We all know the state is in the hole," said Greg Francisco, executive director of MMMA (Michigan Medical Marijuana Association). Francisco added that legalizing medical marijuana will improve the state's economy. Said Francisco, "We are the only people who actually want the government to tax us!" Many states have realized the potential of the marijuana and hemp industry. However, it is still illegal under federal law to cultivate, grow, sell and use marijuana.

As in the past, California seems to have set a precedent for other states by introducing legislation to tax and regulate the commercial production and sale of cannabis in an approach similar to alcohol. California Assemblyman Tom Ammiano (D-San Francisco) introduced this marijuana legalization bill, which would allow for the licensed production and sale of cannabis to consumers age 21 and over. Licensed cultivators would pay a tax of \$50 per ounce of cannabis and impose a sales tax on commercial sales.

According to an economic analysis by California NORML the measure, if enacted, would raise over \$1 billion per year in state revenue. Ammiano said he realizes the tax benefits from a legal, regulated market. Ammiano has a strong point here: put the money into programs for regulating the distribution and selling of marijuana products instead of holding innocent pot smokers in overflowing prisons and jails where our tax dollars are being given to innocent people.

Countless job opportunities are available through the legalization of marijuana on the medical level and commercial level. Jobs including grower, trimmer, packager, seed breeder, fertilizer salesman, catalogue salesman, wholesale clerk, retail clerk, bookkeeping clerk... the list goes on.

California has already tapped into this growing industry. So what does that mean for the rest of the country?

Hopefully reform.



"Currently 72 million Americans reside in 13 states where medical marijuana is legal and the sky does not seem to be falling on them," said Michigan NORML Executive Director Rev. Steven Thompson.



In fact, these states are benefiting from their marijuana reform. Enforcing marijuana prohibition costs taxpayers an estimated \$10 billion a year. A study done in 2005 endorsed by the late Milton Friedman and 530 other economists found legal regulation of cannabis would save the nation \$7.7 billion in enforcement costs and bring up to \$6.2 billion in taxes.

Cannabis is not the only source for an economic stimulant. The hemp plant would be a valuable cash crop to grow in Michigan and across the United States. "I personally know farmers who would switch their crops right away to hemp if it was legalized," Thompson said. "Many crops are hard to grow with Michigan's unpredictable frosts and hemp would save farmers hundreds each season."

Hemp is one of the most sustainable crops in the world with a variety of uses including hemp plastic, textiles, oils and edible goods. Hemp has been grown for at least the last 12,000 years for fiber (including textiles and paper) and food. Hemp fibers are longer, stronger, more absorbent and more mildew-resistant than cotton.

In wartime, hemp is arguably the most valuable crop and over 25,000 products can be made from the hemp plant. The U.S. Army and U.S. Department of Agriculture promoted the "Hemp for Victory" campaign to grow hemp in the U.S. during WWII. However, it has been effectively banned in the U.S. since the 1950s. Why is it prohibited in the United States? Why in 2008 did the U.S. buy over 92 percent of Canada's hemp crops each year instead of allowing U.S. farmers to cultivate the crop?

The Federal Bureau of Narcotics, today's U.S. Drug Enforcement Administration ignorantly listed industrial hemp with marijuana in the Marijuana Tax Act of 1937. Now our government is spending millions on importing this essential crop. Not only do our farmers have the capability to grow hemp on U.S. soil, but also the potential to make thousands of new jobs in an ever growing industry.

"People have to want to learn about both sides of the issue," Thompson said. "People are not hearing the truth. They are only focused on the government and the law."

Groups such as NORML, MMMA and MPP (Marijuana Policy Project) are great ways to stay connected to the latest events and news in the cannabis world. Staying informed about the laws regarding marijuana and hemp cultivation is key to staying active in reforming cannabis and hemp laws. Being an educated individual takes comprehensive research for each side of the issue and it is important that everyone take the time to do their part for the good of their fellow citizens and the country.



-Photos courtesy of Chelsea Tarnas, Cameron Tarnas

News from the Chapters

Antrim

Things have been quite busy for us at Antrim County NORML. We have a new Director, Rev. Kristin Goddard, who has taken over the reins and is leading us into the future. We are setting up monthly meetings; the first which will be March 2nd, from 1-3 at the Helena Township Library in Alden. We have also adopted a stretch of Highway M-66, just north of Mancelona, and are all looking forward to seeing the MI-NORML name on the sign.

Benzie

Meetings are the third Wednesday of every month, from 7 to 9pm, at 1136 Michigan Ave. (Corner of U.S. 31 and Burr St), in Benzonia, for "pot"-luck dinner and a movie. As always, the public is invited. Main dish, drinks, and table service will be provided by Benzie County NORML, and you may bring a dish to pass if you wish.

Benzie County NORML folks are getting to know who represents them in local, state and federal offices, and the candidates running in 2010 and beyond. They are finding out who is "Cannabis-friendly" and passing that info out to the community. They are also involved in a voter registration drive, especially targeting those 18-years-old and up.

2010 Pickup Dates For "Adopt-A-Highway" Program:

Spring: April 24-May 2

Summer: July 10-18

Fall: September 25-October 3

Kalamazoo

As the newly appointed contact and director of the Kalamazoo Chapter of MI-NORML, I have been busy learning, getting organized and acquainted to the organization, and just trying to "set up shop," so to speak. I am actively involved in getting a charter amendment to the ballot in November, and will be assisting in the signature drive.

Working with local activists and my attorney, John Targowski, we are planning to get the necessary signatures to put the LLEP amendment to the voters of the city of Kalamazoo. If passed, it will make it a Lowest Law Enforcement Priority to arrest or prosecute adults over the age of 21 in possession of less than 1 ounce of Marijuana. Motivation behind the effort is the amount of tax dollars wasted on minor offenses of this nature. We await approval from the city clerk on the petition, and will start getting the necessary signatures upon certification.

I recently met with a student representative from Kalamazoo College who is willing and very eager to head a student chapter of MINORML for Kalamazoo College and Western Michigan University combined, as the two are virtually next door to each other. This is a very new relationship that I hope to cultivate soon! I am very excited as there is a great need for a student chapter at the Kalamazoo colleges. While still in its beginning stages, I look forward to this evolving into a viable chapter and great new addition to MI-NORML.

Finally, on Monday, February 15th, 2010, Michigan Holistic Health opened it's doors in Kalamazoo. It is the first full time Medical Marijuana clinic in West Michigan. To date, if you wanted to see a Medical Marijuana Doctor, you had to travel to the East side of the state, or see one of the traveling clinic doctors when they were in the area. Dr. David Crocker heads the clinic, located at 500 West Crosstown Parkway, in Kalamazoo, and it is open for business from 8am to 5pm, Monday through Friday. We are very pleased that "Dr. Dave" is here to serve patients' needs on this side of the state.

I look forward to expanding our efforts and as a goal for this chapter, I hope to have monthly meetings with a viable group of members by the years end. Wish me luck!!!

-Daniel J. Corse, Director, Kalamazoo NORML

News from the Chapters

Macomb

Macomb County NORML has a new Director in 2010; the "Year of the Metal Tiger."

Judah Weber started the Shoreline Compassion Club with Kristi, in Macomb County. The meetings were very lively and the group scheduled some great speakers, such as Attorney Matt Abel, Dr. Frank Lucido, Dr. Bob Kenewell, and more. Attendance was great! I have had many good conversations with Judah. While being some of the newest members of MI-NORML, I have seen excellent participation in many events. I think Judah has activism in his blood and wants Macomb County to be an active chapter once again, which we discussed at our December 2009 Luncheon. The available position of Executive Director was posted on the talk-list in February 2010, and Judah offered to take the job as soon as it was posted. We thank him for coming forward.

We would also like to thank Charles David Frakes for starting Macomb County NORML back in 2000. Back then, Charlie put an ad in the local paper for the Chapter and ended up being the only one at his first meeting. The first of those to join Charlie was Lou Vierling, followed by Carol Reed, Donna Pardee, Mike Segesta, Christeen Landino and John Landino in succession. With most Macomb Chapter members also serving as Board members of Michigan NORML, they have done double duty ever since the revision of MINORML in January, 2003. We have a good group; small, but mighty! Thank you Beckie, and everyone in the Macomb area who contribute.

We plan to have our Highway Clean-Up/Breakfasts the third week of each, April, July and September. Also, Macomb County NORML usually has a great Holiday Party, and we hope to do so again this year. Stay tuned! -Carol Reed, Secretary, Macomb County NORML

NORML@Cooley

I am very excited to announce that our inaugural meeting is set to be held on March 11 at noon in Room 310 of the Cooley Center. We will be discussing membership, chapter organization, and general ideas on moving forward with NORML@Cooley! The meeting will also provide us with a feel for the ever growing student following, as well as, promote further networking between students, professors, and MINORML organizers.

I invite you to join us and hope to see you at the inaugural meeting of NORML@Cooley, and I encourage you to forward this invitation to anyone who may be interested!

And remember, "it's NORML@Cooley" -Ryan Williams, founder of NORML@Cooley

Ogemaw - (O.A.R.)

(Combined Ogemaw - Arenac - Roscommon Counties)

Our newly-formed chapter supplied the turkeys for "G's Christmas Dinner." We're also pleased to announce that we have adopted a highway, near the I-75 mile marker 210, to the northbound rest stop area.

We set each meeting location and date at the previous meeting, so check with us for future dates and locations. -Mark A Burnett, Director, Ogemaw County NORML

DON'T MISS OUR UPCOMING MI-NORML GATHERINGS/MEETINGS!

- **3RD QUARTER:** FRIDAY, JUNE 25TH. CAMPING AT REV. STEVE'S PLACE. WITH MEETING ON SATURDAY, JUNE 26TH. 1:00PM . AT THE BENZONIA TOWNSHIP HALL.
- **4TH QUARTER:** FRIDAY, NOVEMBER 19, GATHERING AT EAST BAY LODGE. WITH MEETING ON SATURDAY, NOVEMBER 20, AT 1:00PM. APPRECIATION DINNER POSSIBLE.

ANNOUNCEMENTS WILL BE MADE ON THE TALK-LIST PRIOR TO EACH EVENT.



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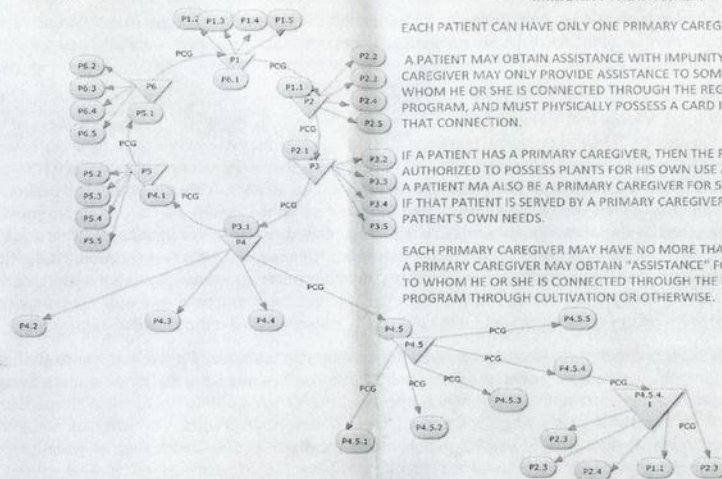
CIRCLE OF DISTRIBUTION UNDER THE REGISTRY ID PROGRAM IMMUNITY FROM ARREST

EACH PATIENT CAN HAVE ONLY ONE PRIMARY CAREGIVER.

A PATIENT MAY OBTAIN ASSISTANCE WITH IMPUNITY, BUT A PRIMARY CAREGIVER MAY ONLY PROVIDE ASSISTANCE TO SOMEONE WITH WHOM HE OR SHE IS CONNECTED THROUGH THE REGISTRY ID PROGRAM, AND MUST PHYSICALLY POSSESS A CARD INDICATING THAT CONNECTION.

IF A PATIENT HAS A PRIMARY CAREGIVER, THEN THE PATIENT IS NOT AUTHORIZED TO POSSESS PLANTS FOR HIS OWN USE AS A PATIENT. A PATIENT MAY ALSO BE A PRIMARY CAREGIVER FOR 5 OTHERS, EVEN IF THAT PATIENT IS SERVED BY A PRIMARY CAREGIVER FOR THE PATIENT'S OWN NEEDS.

EACH PRIMARY CAREGIVER MAY HAVE NO MORE THAN 5 PATIENTS. A PRIMARY CAREGIVER MAY OBTAIN "ASSISTANCE" FOR PATIENTS TO WHOM HE OR SHE IS CONNECTED THROUGH THE REGISTRY ID PROGRAM THROUGH CULTIVATION OR OTHERWISE.



SOLVING THE DISTRIBUTION DILEMMA UNDER THE REGISTRY ID CARD PROGRAM (CONNECT THE DOTS TO GET FROM POINT A TO POINT Z)

By Greg Schmid, Attorney at Law

The many detractors of the MMMA deride it as poorly drafted; they say the measure is vague, and fails to address the issue of how a patient is to obtain marijuana. I personally had no input in the drafting of the MMMA, but in my professional judgment the MMMA proposal was well drafted and addressed the issue of distribution in the best way it could, by avoiding a direct constitutional clash with the federal government. The Feds have prohibited marijuana for most of the past century, claiming jurisdiction to do so under the interstate commerce clause. This is part of a larger pattern of overreaching by congress which began the minute our federal constitution was ratified; it did not start and will not end with marijuana. The drafters of MMMA carefully drafted around the Federal prohibition laws, so as not to pick a fight with the U.S. Justice Department; had they not shown deference to the Feds, it is likely that the feds would not have made such generous concessions recently, stating they would not interfere with lawful use under state medical marijuana laws. Further, almost everything the medical marijuana community really needs is addressed in the act, if you read it closely enough. Those things that are missing are the result of the harsh realities of initiative politics; opposition took liberties with their talking points but MMMA prevailed among most news editors because an honest review of the language demonstrated that the opposition was lying when they claimed the MMMA would result in a "speakeasy" culture of pot shops. Had the editors turned on us, voters may have succumbed to scare tactics, and Proposition 1 may well have lost at the polls.

Ironically, now that Proposition 1 is the law, and the tables are turned, the medical marijuana "community" seems to wish that the opposition had been right when they claimed the MMMA provided for easy access pot shops in the California dispensary style. It is true that the MMMA was written to avoid claims of commercialized distribution methods, but does not mean that medical users, and their caretakers, cannot take advantage of the economies of scale and diversity of supply that come with commercialization.

To illustrate the possibilities, I have included the Circle of Distribution chart. As the chart shows, medical patients, who are also caregivers, and comply with the 5 patient limitations and still be able to get a variety of type, dosage, and cost. As a caveat, the circle of distribution, and my commentary, *(Continued, Page 16)*

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is hypothetical and not intended to be relied upon as legal advice in any actual specific situation. Each circumstance is unique, and many aspects of the MMMA are not yet tested in court. Consult your private attorney for advice specific to your unique situation.

To review the basics, remember that the MMMA has two distinct paths of protection. The affirmative defense is a broad reaching legal defense that allows a patient or caregiver to seek dismissal of charges regardless of whether they participate in the registry ID Card program, and regardless of whether they exceed some of its specific weight and grow space restrictions. The downside to the affirmative defense is that it does not prevent the initial arrest and seizure of medicine. Efficient access to marijuana requires that patients be able to obtain medicine with impunity, free of the risk of lawful arrest or seizure (at least under state law), and only the Registry ID Card Program provides that immunity from arrest and seizure. Therefore this article concentrated on distribution under the Registry ID Card program, using the Affirmative Defense only as a last resort backup against successful prosecution. Under the registry program, a patient can only have one registered caregiver, and a primary caregiver can only be connected to 5 other registered patients. Primary caregiver may only provide assistance to someone with whom he/she is formally connected through the Registry ID program, and must physically possess a card indicating that connection.

If a patient has a registered primary caregiver, then the patient is not authorized to possess plants for his/her own use as a patient. However, a patient may also be a primary caregiver for 5 others, even if that patient is served by another primary caregiver for his/her own medical needs. A primary caregiver may obtain "assistance" for patients to whom he is connected through the Registry ID program through cultivation or otherwise. A patient may not, under the Registry ID program, provide marijuana to another patient unless they have a registered caregiver-patient relationship under the Registry ID Card Program. Likewise, a caregiver may not provide marijuana to another caregiver as such. A caregiver can get the marijuana for the patient from any source, although the registry ID Card program only protects that source if the source is a registered caregiver formally connected to the patient/caregiver through the registry ID Card program. A registered caregiver or patient may obtain marijuana on the street under the registry, and still be immune from arrest. The street dealer can be arrested, however, and prosecuted, although they may be able to assert the affirmative defense if the facts support it.

The above may all seem very daunting, but if one uses the right words and the right methods, patients and caregivers can work together to expand patient choice and lower costs. They key is to keep straight what hat you are wearing when you have the dual role of patient and caregiver – are you a patient, and who is your caregiver, or are you a caregiver, and who are your patients. First, I think it is absolutely essential that patients and caregivers alike stop communicating amounts in terms of weight. Rather, medical marijuana should be labeled by dosage. This is to take advantage of the definition of definitions of "Medical Use" and "Primary Caregiver" in the MMMA. This does not mean that marijuana should not be packaged in small one gram packets; to the contrary such packaging has advantages for freshness and for situations where a patient obtains marijuana as a patient, and then decides to convert that marijuana to the use of the registered patients that such patient serves in his/her capacity as a registered primary caregiver.

In a perfect world, all dried usable marijuana would be in one gram seals, referred to as "doses," with instructions not to exceed one dose unless symptoms are not alleviated or reappear. "A registered primary caregiver may receive compensation for costs associated with assisting a registered qualifying patient in the medical use of marijuana. Any such compensation shall not constitute the sale of controlled substances." This language should be considered carefully. A caregiver is not selling product, and weight implies the wrong thing. Lawful reimbursement is for "assistance" and "dosage" correctly communicates the lawful purpose upon which reimbursement to the primary caregiver is based.

Second, look at the circle of distribution and imagine an inner circle of a few patients, each of whom is also a registered caregiver for 5 total patients. These patients are each served by a caregiver within the inner circle (and do not use their own crop), and each patient serves as caregiver to another patient in the inner circle. Therefore, these patient/caregivers can each send medicine to their patient within the circle, and can receive marijuana from their caregiver within the circle, at a maximum dosage equivalent of 70 doses (2.5 ounces). Assume there are 6 patient/caregivers connected to each other in the inner circle, and each one grows 72 plants, or 12 for each of their 5 patients (1 patient in the circle, and 4 other patients outside the circle). They all grow different strains at different (Continued, Page 17)

(Continued from Page 16) costs per dose, and no one has more than 12 plants plus 2.5 ounces per patient.

Now assume a caregiver provides 70 doses to his/her patient, and that patient then decides to convert that marijuana to the use of the registered patients that such patient serves in his/her capacity as a registered primary caregiver. If the receiving patient be from within the inner circle, then that patient might decide to convert that marijuana to the use of the registered patients that such patient serves in his/her capacity as a registered primary caregiver, and medical marijuana could lawfully be transferred from registered caregiver to the patient with which that caregiver is connected through the Registry ID Card Program, all the way around the circle.

Then imagine each caregiver within the inner circle decides to convert that marijuana to the use of the 4 registered patients that such patient serves in his/her capacity as a registered outside the circle, and each of these 4 patients is also a registered caregiver to 5 other patients, all of whom are in turn registered caregivers for 5 patients of their own, ad infinitum. (Each patient also a caregiver, and grows 12 plant per patient. Each patient relies on their own registered caregiver for personal medicine, and does not grow for their own medicine). This circle of distribution shows how patients, who also act as caregivers, can cooperate systematically to achieve economies of scale where they might otherwise be caught in "patient to patient" or "caregiver to caregiver" traps.

How would this work in practice? Each caregiver would have a stack of 5 lockers in a dispensary club with restricted access. The caregiver places 70 doses in each of those 5 lockers for his patients. If each of those patients is also a caregiver, then they would maintain their own stack of 5 lockers for their own patients that they use in their capacity as caregiver only. The marijuana each of them receives is in their caretaker's locker stack. The marijuana they get out of that locker is for their own medical use. If a patient then decides to convert that marijuana to the use of the registered patients that such patient serves in his/her capacity as a registered primary caregiver, then it goes into the stack of 5 lockers that such patient/caregiver maintains for his/her own patients. This arrangement could hypothetically continue on downstream ad infinitum, so long as the inner circle is not broken and so long as all the players keep their hats straight.

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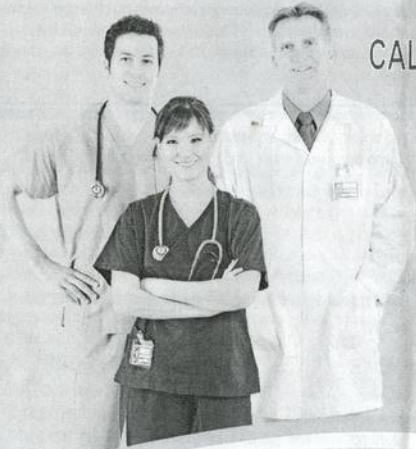
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2010 Michigan NORML First Quarter Meeting

WHEN:	Friday, April 2nd, 2010, at 5:30pm
WHERE:	Clarion Hotel & Conference Center (Biltmore/Carlyle Room), 2900 Jackson Rd., Ann Arbor, MI 48103
WHO:	MI-NORML members, and the general public are all invited
ROOMS:	35 doubles and 15 kings have been set aside for Friday and must be made by March 19, 2010. They will continue to accept reservations after the cut-off date on a space available basis only, at the group rate. PLEASE: No alcohol, smoke, or food allowed in the Meeting room, or in public areas of the hotel
CONTACT:	Front Desk at (734) 665-4444, and you <u>must ask</u> for the Michigan NORML group rate, or you'll pay full price.
NOTE:	Saturday, we will be celebrating Hash Bash & Monroe Street Fair . We might even see Cheech & Chong there during the day because they will be performing at the Michigan Theater at 8pm. Tickets for the show can be purchased at: https://tickets.cheechandchongtour.com/ <i>Remember that you represent Michigan NORML, so please put your best foot forward</i>

Special thanks to **Whitney Burns**, Director of Sales at the Clarion for putting us up.