

The Medical Cannabis Advocates' Handbook

PATIENT CULTIVATION
The Seed of Safe Access

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PATIENT CULTIVATION PROTECTS PATIENT RIGHTS AND OPTIONS

Restricting patients to a centralized cultivation and distribution system limits their choice and freedom, jeopardizes access in rural areas, subjects large-scale cultivators to lengthy federal sentencing guidelines, and makes medical cannabis unaffordable and out of reach for many qualified patients. Because not all patients have the skill, time or space to cultivate their own cannabis, patients need both centralized and localized cultivation. We must strive to provide the most healthcare options for patients and to empower them to make their own decisions regarding medical treatment.

Although some states are implementing systems of centralized production and distribution, almost all of these states also allow patients to cultivate their own medical cannabis. Relying exclusively on centralized production and distribution is untested and will likely fail to address patients' needs. In addition, federal law frowns on large-scale cultivation (imposing harsh mandatory minimum prison sentences for more than 100 plants, whereas the federal government rarely goes after individual patient cultivators. Do we really want to rely exclusively on an untested, vulnerable system that is unable to meet patients' needs?

DID YOU KNOW?

- Although most patients prefer to purchase their medication from local distribution center or have it grown for them, for a state law to work effectively, patients need the right to cultivate as a safety net in case centralized cultivation and the dispensary model do not work.
- Cannabis is not a complicated pharmaceutical product; it is a plant that, like a tomato plant, will thrive with

appropriate care. While the cultivation of cannabis requires time, resources, and skill, cannabis is still relatively easy to grow. In fact, people have been successfully cultivating cannabis for therapeutic use for thousands of years.

- Of the 15 states that regulate medical cannabis, only one program prohibits patient cultivation: New Jersey.
- Personal cultivation policies allow knowledgeable patients to select cannabis strains that meet their needs and guarantees reliable, affordable, and consistent access to cannabis, especially for patients in rural communities or locales without a dispensing center nearby.
- Large-scale cultivation operations are vulnerable to federal scrutiny and could result in arrests and prosecutions. Under federal statute, a conviction for possession of 250 grams (about 8 ounces) of cannabis or fewer carries with it a sentencing range of up to six months. However, a defendant convicted under the same statute for possession of 30,000 kilograms (about 1,000 ounces) or more, is subject to a range of 15-25 years.
- Restricting patients to a centralized supply with high overhead costs, increases the price of medical cannabis and makes it unaffordable for many patients. Patient cultivation ensures prices will be kept low by increasing the options available to patients, which in turn leads to fair and competitive pricing in the medical cannabis market.

MYTHS AND FACTS

Myth: Unregulated cultivation will breed diversion and abuse of the medical cannabis program.

Fact: There has been little evidence of diversion among legitimate medical cannabis

patients because accountability is inherent in the medical cannabis system. Medical cannabis patients are sick and need their medication, and typically do not wish to risk to lose that privilege by diverting their medication to the illicit market.

Myth: Dispensaries alone will satisfy the demands of the patient community.

Fact: Many patients cannot afford the expensive prices set by the dispensary model. Patients need options and the right to affordably grow their own medicine. In addition, by allowing patients to grow their own medication, they can control its production, quality, and consistency. New Mexico's medical cannabis program, which relies heavily on centralized production and distribution, has been operating for more than 2 years, but has so far failed to meet patient demand. Without the ability to personally cultivate, patients in New Mexico would still be without medication.

Myth: Pharmacological testing is necessary to ensure safe, unadulterated, and consistent medication.

Fact: While pharmacological testing would improve safety and consistency, at this time it is unrealistic for a number of reasons. Because of the Federal Government's strict control over cannabis research studies and testing, there is no practical way to carry out such a policy. Given that people have benefited from the therapeutic use of cannabis for thousands of years without pharmacological testing, patients should not have to now suffer because of new, unrealistic standards.

Myth: Patient cultivation increases home invasions and related crimes.

Fact: Concerns over crime associated with patient cultivation are real, but very exaggerated by opponents of this issue. The vast majority of medical cannabis crime is connected to dispensaries and outdoor cultivation, and public officials have found that the best way to deal with it is on a case-by-case basis. Furthermore, reasonable regulations can be

put in place to better protect patients cultivating in their homes.

Myth: Patient cultivation creates safety and fire hazards.

Fact: The evidence of house fires related to patient cultivation is marginal when considering the amount of cultivation that is actually occurring. Furthermore, the risk of fire hazards can be mitigated by requiring that patients meet certain safety and operational measures prior to their approval to cultivate.

Medical cannabis patients need patient cultivation as a safety net, not only to create a functional program, but also to catch members of our community when:

1. The dispensary model does not work for low-income patients who cannot afford expensive dispensary pricing or for rural patients who have to drive hours to the closest dispensary.
2. The Drug Enforcement Administration or other Federal Agencies attempt to interfere with centralized production and distribution centers.
3. There is a crop failure jeopardizing all of the medication at a centralized cultivation center or pharmacological testing deems all of the medication is unusable.
4. The implementation of the program is stalled or otherwise interrupted, leaving patients without medication.

ASA recommends registered patients and their designated caregiver(s) be granted the option to cultivate a small amount of cannabis individually or in small groups so long as they comport with reasonable standards and restrictions set by the appropriate state agency.

State Cultivation and Possession Limits for Medical Cannabis

STATE	CULTIVATION PLANT LIMIT	PATIENT POSSESSION
Alaska	6 cannabis plants, with no more than three mature and flowering plants producing usable cannabis at any one time	1 ounce at any one time
Arizona	If residing more than 25 miles from a state-licensed dispensary, up to 12 plants	2.5 ounces may be obtained every 14 days
California	No state-mandated limits; As medically necessary; Local guidelines may apply.	No state-mandated limits; As medically necessary; Local guidelines may apply.
Colorado	Not more than 6 cannabis plants, with three or fewer being mature, flowering plants that are producing a usable form of cannabis	No more than 2 ounces at any one time
District of Columbia (Washington, DC)	Not Applicable. PATIENTS ARE STILL WITHOUT MEDICATION. LAW PASSED 2010	
Hawaii	3 mature plants and 4 immature plants	3 ounces (one ounce of usable cannabis per mature plant) at any one time
Maine	A total of 6 plants, of which no more than three may be mature, flowering plants	2.5 ounces at any one time
Michigan	12 cannabis plants and any incidental amount of seeds, stalks, and unusable roots	2.5 ounces at any one time
Montana	Up to 6 cannabis plants	1 ounce at any one time
Nevada	3 mature plants and 4 immature plants	1 ounce at any one time
New Jersey	Not applicable. PATIENTS ARE STILL WITH OUT MEDICATION. LAW PASSED IN 2009	2 ounces of usable cannabis *per month*
New Mexico	4 mature plants and 12 seedlings	6 ounces of medical cannabis at any one time; more than 6 if a letter of special need from a physician is provided to the Dept of Health
Oregon	18 plants under 12 inches in any direction, with no buds or flowers, and 6 plants over 12 inches high, or 12 inches wide, or in bloom	24 ounces at any one time
Rhode Island	12 cannabis plants	2.5 ounces at any one time
Vermont	2 mature cannabis plants and 7 immature plants	2 ounces at any one time
Washington	A qualifying patient may possess no more cannabis than is necessary for the patient's personal medical use for sixty days. However, the law does not provide a definition of what constitutes a sixty-day supply	A qualifying patient may possess no more cannabis than is necessary for the patient's personal medical use for sixty days. However, the law does not provide a definition of what constitutes a sixty-day supply.