

# Safe Access Now Patient Garden Guidelines: *Because not all plants are created equal!*

## How do the SAN guidelines work?

When California voters approved Prop 215, now HS 11362.5, they did not set limits on patient gardens or dosages. There is still no consensus on how much processed cannabis a patient should reasonably possess. As a result, it is up to local discretion as to which gardens to destroy and which patients to prosecute. Many people felt that not having a limit was a protection, but in fact it has turned out to be a mixed bag: Patients have a good chance of winning in court, but law enforcement can (and does) interpret even the smallest supply as being “too much.” The garden and medicine are destroyed, and the patient is forced to spend a fortune on replacement supplies and court costs. Some police advocate setting a uniform limit of six plants per patient, but as the photos on the right show, one plant can produce 64 times as much usable cannabis as another, or even more. The SAN proposal uses a more scientific basis: patient experiences, federal studies, actual dosages and likely garden yields.



### WHAT PATIENT GUIDELINES CAN DO

Patient guidelines are a policy that a local community can adopt as a “clear line” for patient, caregiver and law enforcement to identify small bonafide cannabis (“medical marijuana”) gardens and presume compliance with HS 11362.5. Any officer, when shown a physician’s note, can evaluate a situation and walk away with no destruction of medicine and no further investigation.

### WHAT PATIENT GUIDELINES DO NOT DO

Locally adopted patient garden guidelines do not supercede state or federal law. They do not deprive patients who grow or possess amounts beyond their scope of the ability to defend themselves in court. The guidelines are merely a baseline designed to reduce confusion — and to reduce the number of prosecutions, garden destruction, and seizures of medicine.

## What are the Safe Access Now patient garden guidelines highlights?

- 1) Recognize up to 3 pounds of dry cannabis bud per bonafide patient as being a reasonable supply to maintain. That is half the government dosage provided to federal IND patients — and healthier by eliminating the leaf fraction.
- 2) Recognize that gardens with a total canopy area of 100 square feet\* (indoors or outdoors) per patient are so small that they are personal in size and therefore reasonably related to a single patient’s personal need.  
\* Plants need not be confined to a single location. Canopy is calculated on a plant-by-plant basis or by filled-in areas.
- 3) Recognize that up to 99 plants may reasonably be needed per patient in “sea of green” gardens, as well as to breed cannabis, eliminate males, select preferred plants and allow for adversity, storage or crop loss.
- 4) Instruct police to leave patients their base dosage and to preserve any excess cannabis for possible return.
- 5) Recognize that no guideline is perfect and that some people will still need to be exempt. The SAN proposal is to allow the patient to get a physician’s written authorization whenever their needs exceed the guidelines.
- 6) Recognize that caregiver organizations serve the patient’s health or safety, consistent with HS 11362.5, and that such groups may provide for more than one patient and be remunerated for their costs and labor.

## How do the SAN guidelines help patients, physicians and caregivers?

- 1) Patients and caregivers face less risk of arrest and property seizure. Physicians role is reinforced by the county.
- 2) Bonafide providers can operate in presumed compliance county-wide without having to negotiate their setup on a case-by-case basis, thus reducing their exposure to law enforcement.
- 3) Fewer cases would be referred to federal prosecutors. Since police would not refer patients found in compliance for further investigation or prosecution, there is less chance that it will be “bumped up” to the Feds.
- 4) The SAN guidelines reduce both liability and expense to the County and save taxpayers money.

## What are the advantages of implementing SAN guidelines county by county?

- 1) The formula is scientific, simple and reasonably accurate. It makes things easy for police, patient and provider.
- 2) The basic format of 3 pounds, 100 square feet of canopy and up to 99 plants was generated by the Sonoma County District Attorney’s office with the input of experts and a community-based patient group, the Sonoma Alliance for Medical Marijuana (SAMM), after numerous cases were fought out in front of jurors throughout the state.
- 3) Create a statewide consensus for unified guidelines based on the SAN proposal to offset the pressure from the California Narcotic Officers Association and federal authorities to adopt unrealistically small limits.

## Who gets to decide on the final form of the county guidelines that are adopted?

- 1) The ultimate decision rests with county officials: the Board of Supervisors, the District Attorney and police officials.
- 2) Everyone in the community who chooses can participate, but speaking with a unified voice improves our clout.

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