

STANDARDS AND PRACTICES FOR COLLECTIVE CULTIVATION OF MEDICAL CANNABIS – 2009

INTRODUCTION

Established in 2000, the Lifevine Collective has been explicitly designed to conform with Washington State laws protecting qualified patients from prosecution for possession of medical marijuana. As distribution of cannabis remains illegal, cultivation is the only method by which cannabis may be obtained under state law. While not specifically sanctioned under RCW: 69.51A, collective cultivation is also not denied. Due to the costly, high-tech equipment and resources required for indoor cultivation of medical cannabis, the majority of patients are unable to grow their own medicine. Thus, collective cultivation has become the only viable legal option for most patients.

Each patient is allowed to possess up to 15 marijuana plants and up to 24 ounces of dried marijuana within current Washington State Department of Health guidelines. There is no stipulation prohibiting patients from combining resources in a common garden site. Therefore, two patients may possess up to 30 plants together in a common location. Three patients may possess up to 45 plants collectively, etc. In addition to the limits on numbers of plants and amounts of dried medicine allowed, the following guidelines are offered for voluntary self-regulation of marijuana patient groups to insure the safety and protection of marijuana patients and the general public.

COLLECTIVE CULTIVATION VS. COMMERCIAL DISPENSARIES

California offers a number of patient-access models. On one end of the spectrum, Valerie Coral of Santa Cruz founded WAMM in 1992—the first and only non-profit corporation licensed to distribute medical marijuana in CA. WAMM provides cannabis free of charge to a small number of members while accruing monetary support through fund-raising events and charitable donations in a supportive community. WAMM was raided once by DEA officers during the George Bush era, but no charges were filed. The opposite end of the spectrum of medical marijuana providers in CA is exemplified in the case of Charles Lynch who was sentenced to one year and one day in federal prison for five felonies associated with his San Luis Obispo dispensary, Central Coast Compassionate Caregivers. Lynch was found guilty of conspiracy to possess and possession with intent to distribute marijuana, and “manufacturing” (growing) more than 100 plants, knowingly maintaining drug premises, and selling marijuana to a minor (under federal rules, someone under age 21). Lynch was licensed to operate his Compassion Center by the local municipality, and none of the federal charges represent violations of state or local law. However, Lynch faced the possibility of up to 20 years in federal prison due to the amount of marijuana involved -- more than 100 kilograms. Charles Lynch bought marijuana from growers and then sold it to qualified patients. In comparison, Valerie Corel supplies her group with medical cannabis grown on her personal property with no actual sales involved. These main differences between non-profit collective gardens and commercial dispensaries are crucial in determining the legality of an organization under state laws.

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While the majority of dispensaries in CA are run by non-patients for profit, Washington's cannabis collectives are run by qualified patients on a non-profit basis. Large dispensing organizations rely on large-scale production often provided by illegal commercial growers. In contrast, collective cultivation provides a limited supply of medicine to a fixed number of long-term members. Collectives produce medicine "in-house", directly producing medical cannabis rather than purchasing black market marijuana for resale through retail distribution.

The following is an excerpt from GUIDELINES FOR THE SECURITY AND NON-DIVERSION OF MARIJUANA GROWN FOR MEDICAL USE from the office of CA Attorney General E.G. Brown Jr. August, 2008:

Collectives: California law does not define collectives, but the dictionary defines them as "a business, farm, etc., jointly owned and operated by the members of a group." (*Random House Unabridged Dictionary*; Random House, Inc. © 2006.) Applying this definition, a collective should be an organization that merely facilitates the collaborative efforts of patient and caregiver members – including the allocation of costs and revenues. As such, a collective is not a statutory entity, but as a practical matter it might have to organize as some form of business to carry out its activities. The collective should not purchase marijuana from, or sell to, non-members; instead, it should only provide a means for facilitating or coordinating transactions between members.

COLLECTIVE CULTIVATION GUIDELINES

In order to insure a safe and consistent supply of this life-saving medicine while also complying with reasonable public safety concerns, medical marijuana garden groups are advised to follow the general guidelines set herein.

1. All members of a cultivation collective must be WA State residents. Minors must have consent of their parent or guardian to participate in the use of medical marijuana.
2. All members must have physician recommendations on file with the collective— Designated Providers must also provide written authorization from their designated patient to be kept on file with the collective.
3. All medical and administrative documents must be held confidential unless said documents are requested by law enforcement officers conducting an investigation of the collective.
4. All medicine allocated through a cultivation collective must be consumed within WA State.
5. Records of medicine allocations must be maintained for a period of three months following any transaction.

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6. Group gardens must post valid documentation, including physician recommendations, in accordance with the number of plants possessed in any location, in a ratio that conforms with the Department of Health Guidelines of 15 plants and 24 ounces of dried medicine per patient.
7. Collectives are generally administrated by patients and for patients, with the greatest concern for the health and well-being of the patient-membership on a not-for-profit basis where patients obtain the highest quality medicine at the lowest cost possible. (IRS determination of non-profit status is not required.)
8. Collective cultivation represents a closed network of production and access that prohibits diversion or distribution to or from non-medical sources or recipients. Collectives must maintain the legitimacy of their operations and membership. The following guidelines are intended to prevent diversion to non-medical users. Collectives must:
 - A) Verify the individual's status as a qualified patient or primary caregiver. This should involve personal contact with the recommending physician (or his or her agent), verification of the physician's identity, as well as his or her state licensing status. Verification of Designated Provider status should include contact with the qualified patient, as well as validation of the patient's recommendation. Copies should be made of the physician's recommendation or identification card, if any;
 - B) Have the individual agree not to distribute marijuana to non-members;
 - C) Have the individual agree not to use the marijuana for other than medical purposes;
 - D) Maintain membership records on-site or have them reasonably available;
 - E) Track when members' medical marijuana recommendation and/or identification cards expire; and
 - F) Enforce conditions of membership by excluding members whose identification card or physician recommendation are invalid or have expired, or who are caught diverting marijuana for non-medical use.
9. Marijuana grown by a collective for medical use may be:
 - A) provided free to qualified members;
 - B) provided in exchange for services rendered to the collective;
 - C) Allocated based on fees that are reasonably calculated to cover overhead costs and operating expenses; or
 - D) Any combination of the above.

CULTIVATION GUIDELINES

Medical Grade cannabis is of a much higher quality than the non-medical marijuana sold illegally. Aside from potency, the purity of the medicine is of utmost importance. The use of potential adulterants and synthetic pesticides may present significant health hazards with repeated use. Producers are expected to be scrupulous in researching all constituents and practices that may have an impact on patient health. In general, organic fertilization and

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organic pest-control products are preferred. Mold and unsanitary conditions may have an adverse impact on patient health, particularly for those with an impaired immune system.

PUBLIC SAFETY

Numerous issues have been raised by law enforcement regarding dangers associated with cannabis cultivation. These include:

1. The potential for medical authorization to be used as a cover for non-medical diversion
2. Home invasion, burglaries and robberies with the potential for violence
3. The use of guns to defend a marijuana garden
4. Theft of electricity
5. Destruction of rental properties by careless growers, including substandard ventilation that can cause mold and mildew
6. Substandard electrical wiring that could cause a fire hazard
7. Abnormal traffic patterns in residential neighborhoods
8. Proximity to schools

While the above public safety issues may be regulated through advisory publications and voluntary consent, it is important to remember that the above issues are enforceable through existing statutes. Patient organizations must comply with all state and local laws. While an occasional isolated incident may represent violations of reasonable public safety concerns, the vast majority of medical marijuana patients are intent on abiding by the common laws by which our society operates. The general marijuana patient population is comprised of law-abiding citizens who have no interest or involvement with illegal or unscrupulous activities.

Additional guidelines for medical cannabis collectives are currently under development among the established leaders of the medical marijuana movement in Seattle, King County and other areas of Washington State.

--Martin Martinez, Director of the Lifevine Collective, 9/22/09