Patient Advocacy Committee

Patient Concerns & Proposed Solutions

Concern: *Medical Cannabis Patients who use or possess their medicine at home can be at risk of losing their federally subsidized housing or veterans benefits*

Solution: This would require a change in federal law; veteran's administration and HUD housing have both come out with statements regarding medical cannabis use, but we have not seen a change in federal law. Until we see federal change, it would ideal to have city funded housing available where tenants are only required to follow state law.

Concern: *Medical Cannabis patients have been evicted from shelters for use or odor of cannabis*

Solution: San Francisco is a sanctuary city for medical cannabis patients, and shelter staff should be knowledgeable on state and local law. Shelter employees should not put a person's safety at risk over the medicine recommended by their physician. San Francisco shelter monitoring task force should hold shelter staff accountable if there is a violation.

Concern: *Only a few medical cannabis dispensaries have compassion programs*

Solution: Each dispensary should create a unique compassion program, supporting the San Francisco non binding resolution regarding compassionate care passed in February of 2006.

Concern: *It's expensive for patients on fixed incomes to pay for doctor's visit and state identification card. Even if one is lucky enough to pass those hurdles, the medicine itself is unaffordable.*

Solution: Healthy San Francisco should include medical cannabis. Patients on different income levels can contribute with a co-pay that fits their budget.

Concern: *Current MCD definition of 10 or more patients, may include low income cultivation, and patient centers, these types of facilities cannot afford to come up with the permitting fees, nor should be required to go through the same process as storefront facilities.*

Solutions:

1. Change the definition of MCD's

2. Allow for other types of Medical Cannabis Facilities:
    a. Compassionate Collective Facilities

    b. Self Consumption Garden

Concern: *Many low income patients have living conditions which do not allow them to cultivate (ex: roommates, or section 8 housing), nor do they have the resources to cultivate in communal gardening projects*

Solution: Municipal medicine should be implemented and supported through voter approved proposition S.

Concern: *Youth housing for HIV positive patients does not allow for use or storage of cannabis*

Solution: State law allows medical cannabis patients to use and possess cannabis; this should apply to ones residence as well.

Concern: *Most low income patients cannot afford paying for a doctor's visit and state identification card, let alone their medicine.*

Solution: For a doctor's recommendation - Encourage San Francisco Department of Public health to allow any qualified physician of a SF public health clinic to write medical cannabis recommendations (i.e. Tom Wadell clinic).

For affordable medicine –

Implement Prop S

Self Consumption Cultivation model

Include cannabis in Healthy San Francisco

Compassion program from MCD

Compassion from compassionate collective facilities.

Concern: *Medical cannabis collectives and cooperative are member based organizations, most patient feel they have no say in how their collective is run and operated.*

Solution: Each MCD should host an annual membership meeting, where each collective member gets an equal vote in the collectives policies. It should be clear from the membership agreement; rules of the collective, when the annual membership meeting takes place, who the community liaison is, and what services are provided to members. Each MCD should have a suggestions & grievance process.

Concern: *Medicine donated to patients is often low quality; the patients in most need are not getting the high quality cannabis that works best for them.*

Solution: San Francisco collectives should follow SF's non binding resolution regarding low and no income cannabis patients, defining as compassion "donation of high grade medicinal quality cannabis which is received on a consistent basis…."

Concern: *No selection for compassion program patients, what you see is what you get, rather than choosing the medicine that works best for their medical condition.*

Solution: Collectives should check in with their patients to find out what their needs are (indica vs sativa, topical, edibles, tinctures), and arrange a patients compassion accordingly.

Concern: *Patient recommendations are being posted at cultivation sites. Patients should have the right to know how many plants are being cultivated on their behalf, and how much medicine will be given to them at harvest.*

Solution: Mandatory transparency, in your membership agreement, it should be clear what is expected from the collective and from the patient. A patient has the right to state their recommendation is to be used for verification purposes only.

Patient Advocacy Committee voted in favor on the following statements at the meeting on 7/13/11:

1. Patients may join as many collectives or cooperatives as needed to fulfill their medical need, or to share their surplus within the legal limitations.
2. Every member of any collective or cooperative has the right of a membership vote
3. Every collective should have a suggestion process as well as a grievance process
4. Every member has the right to not have plants grown in their name, and to request that their recommendation be used for verification process only.