



Illinois Cannabis Patients Association

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Reasons to Allow Home Cultivation of Medical Cannabis

- All but one of the 14 states with effective medical cannabis laws (New Jersey being the lone exception) allow patients to cultivate a safe supply or to designate a caregiver to do so. These laws are generally working well, enjoy strong popular support, and have not increased teens' rates of cannabis use. On the contrary, in each of the 11 medical cannabis states that have before-and-after data, teens' use of cannabis has actually gone down since the laws' enactment.
- The model of distribution used for prescription medications will not work for cannabis until federal law changes. Pharmacies will not risk federal prosecution to carry and distribute a substance when doing so is a federal offense.
- Because legal protections for the medical use of cannabis will only be extended to a small minority of the state population, the potential number of customers for dispensaries in areas of low population density would be too small to be cost-effective. To ensure that all patients have access, patients would need to be able to cultivate their own medicine.
- Patients suffering from chronic, life-long debilitating illnesses would face potentially prohibitive costs for treatment over the course of their lifetimes. Because health insurance plans do not currently cover medical cannabis, this is especially important. Multiple sclerosis, HIV/AIDS, and Crohn's disease sufferers, for instance, should not have to choose between treating their pain and suffering and bankrupting themselves buying medicine until federal law changes or insurance plans are allowed to cover medical cannabis treatment.
- Because of the operating costs associated with running dispensaries, many patients simply cannot afford to pay the prices that these establishments must charge in order to stay open. Personal cultivation of six plants or less is inexpensive and therefore a more feasible means for indigent patients to gain access to their medicine.
- All patients approved under S.B. 1381 will be registered with the state, and issued registry ID cards, whether they choose to use dispensaries or to grow their own medicine. The bill contains enhanced penalties for registered patients or caregivers who divert cannabis to unauthorized individuals, including felony penalties, ID card revocation, and two year penalty enhancements for diverting plants. None of the existing medical cannabis states with registry ID card requirements has ever had to revoke more than a handful of ID cards for abuse under their programs, and law enforcement have not complained of problems in any of those states.
- In summary, an effective medical cannabis measure must allow personal cultivation. S.B. 1381 also provides for pharmacy-like dispensaries, but these should not be the sole means of access.