



# **Inclusion of Medical Cannabis Dispensaries in the Regulatory Framework**

Submission of the Canadian Association of Medical Cannabis Dispensaries  
on the Amendments to Health Canada's Marihuana Medical Access Regulations

July 30, 2011

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# Table of Contents

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Introduction	Page 1
1. Services	2
a. Patient Intake	2
b. Patient Education	2
c. Onsite Purchases	2
d. One-on-One Consultation	3
e. Referrals	3
f. Social Capital	3
g. Additional Health Care Services	3
2. Products	5
a. Strains	5
b. Cannabis Products	5
c. Product Quality	5
d. Producers	5
e. Other Products	6
3. Health Care Practitioners	7
a. Documentation	7
b. Document Verification	8
c. Physicians and Other Practitioners	8
d. Education for Practitioners	8
4. Affordability	10
a. Dispensaries	10
b. Drug Benefit Programs	10
c. Personal Production Licenses	11
5. Costs to Government	12
a. Production	12
b. Administration and Regulation	12
c. Health Care Savings	13
d. Macro-Economic Impact	13
6. Public Health, Safety and Security	15
a. Patients	15
b. Dispensary Environment	16
c. Production Sites and Product Diversion	16
d. Community Relations	17
7. Research	18
a. Condition-based Research	18
b. Dispensary-initiated Research	19
c. Research on Access Through Dispensaries and MMAR	19
d. Community-based Research	20
Conclusion and Summary of Recommendations	21

## Introduction

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The Canadian Association of Medical Cannabis Dispensaries (CAMCD) was recently established to promote a regulated approach to medical cannabis access to ensure that high-quality care is available for patients across the country. CAMCD is dedicated to facilitating the transition of medical cannabis dispensaries into a legal framework.

Medical cannabis dispensaries, also called compassion clubs, reflect a community-based response to the suffering of critically and chronically ill Canadians who might benefit from the medical use of cannabis. Predating Health Canada's Marijuana Medical Access Regulations (MMAR), dispensaries have successfully demonstrated a cost-effective alternative health delivery option that can provide high quality patient care.

CAMCD is pleased that Health Canada is looking to make improvements to the MMAR and appreciate the opportunity for engagement in this consultation process. We want to seize this opportunity to bring medical marijuana out of the legal grey zones and constitutional quagmires, and into the light of a well-regulated industry that can fully meet the needs of the many thousands of patients who benefit from this medicine.

CAMCD is aware of the many challenges and opportunities faced by health policy makers relating to medical cannabis and recognize the government's need to balance the imperative to provide legal access with its responsibility to regulate a controlled substance. The concerns raised by stakeholders that were outlined in your consultation document are of great concern to us as well. CAMCD is currently developing a certification system to ensure all member dispensaries adhere to best practices and meet the needs of patients and other stakeholders.

The amendments to the MMAR are meant to address three key objectives: reasonable access; public health, safety and security; and cost to government. We propose that research is an equally important objective. In this submission, we comment on the current proposed amendments to the MMAR. CAMCD believes the spirit of the proposed amendments is in line with the community-based dispensary model, and that the remaining gaps in the proposed amendments can be filled by the inclusion of dispensaries into this regulatory framework.

# 1. Services

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In the absence of government licensing, most of the well-established dispensaries in Canada operate according to guidelines that have been established based on industry best practices. CAMCD is in the process of formalizing these standards and a related certification system.

Generally, dispensaries provide specialized services to address needs that have been identified by patients and their health care practitioners. CAMCD believes that reasonable access to cannabis for medical purposes includes the provision of these ancillary services.

The MMAR as currently proposed, by not including dispensaries into the legal regulatory framework, would create barriers to patients accessing these services and miss opportunities for the improved health and well being of patients. This section outlines some the services provided by dispensaries, highlighting best practices.

## **a. Patient Intake: ID and treatment plan**

The standard intake procedure at a dispensary includes registering the new patient and issuing a card that identifies them as a member of the dispensary. Law enforcement officers in many municipalities across Canada recognize membership cards from respected dispensaries as signifiers of legitimate medical use of cannabis. The dispensary obtains the patient's medical and other history pertinent to their use of medical cannabis, and develops a treatment plan based on individual needs. Dispensaries also develop protocols for patients who may require specific support or monitoring.

## **b. Patient Education: Safe and effective use**

Dispensaries provide education on the effective and safe use of cannabis for all new patients. Standard education includes identification of most efficacious strains for the patient and options for routes of administration. This education is valuable for all patients using medical cannabis, and it is of particular importance for patients who may have little or no previous experience with this medicine. Education may also be provided on safe cultivation for patients who are producing their own medicine.

## **c. On-site Purchases: Timely access**

Dispensaries provide a secure environment for the on-site purchase of cannabis. On-site purchases allow for face-to-face support by qualified staff, as well visual and olfactory inspection of products by patients to ensure satisfaction with the product. Research has indicated that olfactory indicators (i.e. terpenoids) may be related to particular effects. Of great importance, on-site purchase provides immediate access to medicine that patients need. Some dispensaries provide additional options for care-giver purchases, deliveries or mail-orders for patients who are unable to come to the dispensary themselves, for example patients who are in hospice care facilities or who may live a great distance from the dispensary. From experience, it is clear that many patients prefer to come to the dispensary in person if possible.

Onsite purchase is a vital option for patients on low or fixed incomes who can afford only small purchases at one time and cannot afford additional costs of secure mail or courier services.

**d. One-on-One Consultation: Individualized advice and support**

Dispensaries provide one-on-one consultations to support patients in selecting the appropriate strains or products. Consultations are provided by trained staff who have an understanding of the effects the different strains and products and knowledge of the patient's medical condition and life circumstances. Dispensaries keep detailed records of sales and patients can provide information about their experience with different strains and products. They can also share changes in their condition and symptoms with staff on an ongoing basis in order to fine-tune their selection. These consultations also provide opportunities for patients to ask questions about their use of cannabis, and for staff to continue dialogue with patients about safe and effective use, as well as convey other pertinent information.

**e. Referrals: Health and social services**

As dispensary staff interacts with patients on an on-going basis, they are in a position to make referrals for other kinds of support as the need arises. Most dispensaries have established relationships with organizations that provide support services for patients, and dispensaries both offer and receive appropriate referrals to and from these organizations. In this way, dispensaries act as part of the front-line "social safety net" for vulnerable members of the population.

**f. Social Capital: Connection and community**

People with serious or chronic illnesses or disabilities face the physical and psychological challenges of their condition and may also experience social isolation. An important aspect of the one-on-one consultations is the "human dimension" or personal connection experienced as patients interact with staff. Dispensaries also provide a community environment, where patients feel support and compassion among others who understand their situation. At dispensaries, patients become recognized members of a community and many have reported they experience the dispensary as a welcoming and safe environment.

**g. Additional Health Care Services**

Some dispensaries subsidize their patient's access to additional health care services. For example, the BC Compassion Club Society has been operating a subsidized Wellness Centre since 1999, where members can access 10 types of natural therapy--including acupuncture, clinical counseling, nutritional counseling and holistic massage therapy--for as little as \$5 per treatment. These additional therapies have benefited thousands of patients for over a decade at little cost to patients and no cost to taxpayers.

## **Recommendations:**

- *Ensure the provision of meaningful and tailored patient intake and education.*
- *Allow for a distribution system that provides patients access to the ancillary services currently provided by dispensaries.*
- *Permit onsite distribution through dispensaries.*

## 2. Products

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Dispensaries have been advising Health Canada of the vital importance of providing access to a variety of strains and cannabis products since the first draft of the MMAR in 2001. CAMCD is pleased to see the current proposed amendments specifically allow for the production of different strains of cannabis. CAMCD also applauds Health Canada for its decision to cease its contract with a single commercial entity. CAMCD believes the mandate of reasonable access to cannabis for medical use is best achieved through dispensaries working with various producers to provide access to a variety of high quality strains of cannabis and cannabis products that meet the needs of patients experiencing a wide range of conditions, symptoms and life circumstances.

### a. Strains: Selection

Each strain of cannabis has different cannabinoid, terpenoid and flavonoid profile, which research indicates is related to their effectiveness for different symptoms. Dispensaries offer consistent access to a wide selection of high quality strains of cannabis that meet their patients' various and varying needs. This includes the characteristically sedating and pain relieving "Indicas", the energizing and stimulating "Sativas", as well as the mood balancing and nausea relieving hybrid strains.

### b. Cannabis Products: Edibles, tinctures and extracts

Dispensaries may provide a selection of cannabis products to facilitate different routes of administration, potencies, time of onset, and duration of effect that may be more suitable for different patients in different circumstances. Products include edible products, oral-mucosal tinctures, and separated resins.

### c. Product Quality

Dispensaries have quality standards for raw cannabis, medicated food, tinctures and other cannabis products. There are several mechanisms to assess quality and to identify problems. Organic cultivation techniques and FOODSAFE certification are recommended. Ideally, all dispensaries would be able to obtain laboratory data on heavy metals, pesticides and biological impurities. However currently there are no laboratories in Canada licensed to test cannabis for these distributors. Visual and tactile inspection by experienced inspectors can also be used to inspect for molds, mildews and fungus. Labels should contain the name of the strain, batch, quantity, as well as clearly indicate that it is for medical use and not intended for resale.

### d. Producers

Dispensaries may produce their own supply of cannabis or acquire their supply from a number

of indoor and outdoor producers. By diversifying supply sources, dispensaries are able ensure the consistent availability of a variety of high quality strains and products and are also able to ensure the medicine they supply is competitively priced. For example, larger scale production allows for economies of scale, and smaller scale production is conducive to specialized strains and cultivation techniques, and can quickly adapt to patient needs. Over the years, dispensaries have worked with producers to develop specialized 'menus' of valuable strains of medicine that provide relief to their patients. By working closely with producers, dispensaries can ensure quality, security and other standards are met.

#### **e. Other Products**

Dispensaries may carry a variety of products to support their patients to use cannabis safely and effectively. Products include vaporizers, glass pipes, bongs and bubblers; hemp, rice and other 'tree-free' rolling papers; as well as grinders and rolling machines. These are often offered at rate below regular retail prices, due to the generosity of product suppliers, and dispensary staff is available to advise patients on their use.

#### **Recommendation:**

- *Ensure patients access to a wide variety of cannabis strains as well as cannabis products.*
- *Issue production licenses to varying scales of commercial producers.*
- *Provide current dispensary producers the opportunity to transition into the regulatory framework.*
- *Support access to laboratory testing for all licensed producers and distributors.*

### 3. Health Care Practitioners

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CAMCD applauds Health Canada for removing the condition/symptom categories and the necessity for patients to seek support of specialists, as well as removing itself from the authorization process. We are also pleased to see that Health Canada is taking responsibility for facilitating physicians' ability to have informed discussions with their patients about the use of medical cannabis, and that it is working with medical licensing authorities and associations on these amendments. We are hopeful that these measures will improve patients' experiences in seeking their support.

Dispensaries require patients to obtain the support of their health care practitioner and have taken great effort to facilitate that process. Comparing the number of health care practitioners completing dispensary applications with the number completing Health Canada's authorizations to possess, it is apparent that dispensaries are having some success in this regard. This success is attributable in part to the forms developed by dispensaries, their process of verification, the types of health care practitioners that can sign forms, and support offered to patients and practitioners. Given the requirement of health care practitioner support, dispensaries consider all these measures necessary components of ensuring reasonable access.

#### **a. Document: Appropriate and necessary information**

Physicians have expressed to dispensaries and their patients that they are more comfortable with dispensary forms. In developing their forms, dispensaries have taken into consideration the appropriate role of health care providers in the context of the medical use of cannabis. Cannabis is outside the comfort zone for many physicians since they are not trained in herbal medicine and there is great stigma surrounding cannabis due to its general prohibition. Physicians, however, are trained and licensed to diagnose – this is a role they are comfortable with and this satisfies the basic information required to verify the appropriateness of the use of cannabis for medical purposes.

The current MMAR requires that all other “conventional treatments” have been tried or considered before the use of cannabis is authorized. CAMCD does not believe that this protocol is justified due to the potentially severe side effects of conventional treatments. Additionally, given the low toxicity of cannabis and the high safe dosing ceiling, it is medically effective for patients to control their own dose. Requiring health care practitioners to determine the daily amounts a patient can consume, and therefore possess, is impractical and not medically indicated. Dispensaries are better in a better position to limit individual patient purchases due to more regular contact and knowledge of their personal patterns of use and life circumstances.

To permit access, some dispensaries require only a diagnosis for conditions or symptoms where cannabis has well-documented potential medical applications, and an additional

recommendation for use for other conditions and symptoms. Other dispensaries require a recommendation for use for all conditions and symptoms. The dispensary forms provide health care practitioners the opportunity to both confirm the diagnosis and recommend the use of cannabis, and allow them to indicate if they do not recommend the use of cannabis and to state their reasons. Dispensaries are available to discuss concerns of the healthcare practitioner, provide informational resources to them, and answer any questions they may have.

#### **b. Document Verification**

The verification of documents from health care practitioners is a key criterion for determining patient access to dispensaries. Under the legal framework of cannabis prohibition, dispensaries must be prepared to distinguish themselves clearly in this regard before the courts.

As a result, dispensaries have developed procedures to carefully verify these documents. The dispensary confirms the origin of the document and that the health care practitioner is licensed to practice medicine in Canada and is in good standing with their respective licensing bodies. Dispensaries are well positioned to fulfill this role as part of the new regulatory framework.

#### **c. Physicians and Other Health Care Practitioners**

Despite cannabis being outside of the comfort zone for many physicians and despite resistance from their provincial and federal regulatory bodies, an increasing number of physicians support the medical use of cannabis. Physicians are overwhelmingly the main source of patient recommendations for access to medical cannabis through dispensaries.

Given that cannabis is an herbal medicine, some dispensaries may accept diagnoses and recommendations for use from legally regulated health care practitioners who are legally permitted to prescribe medicine in their province. This may include doctors of Traditional Chinese Medicine, Naturopathic Doctors and Nurse Practitioners. The addition of these qualified health care practitioners who have licensing bodies and associations that assure competence and quality of care is a practical step that can support reasonable access to patients.

#### **d. Health Care Practitioner Education**

Physicians and other health care practitioners who are in the role of facilitating their patients' access to cannabis for medical use need access to information in order to provide appropriate patient care and support their patient's decision-making. The biochemical complexity of cannabis, variety of plant genetics, variable routes of administration and delivery systems, and individual biochemistry are just some of the factors that must be considered by patients and their health care practitioners.

Dispensaries are a vital resource for this information. They have been supporting patients and their doctors for over a decade in this regard. Dispensaries often provide patients with

information to take to their health care practitioner when seeking their support. Dispensaries also are available to speak with health care practitioners who have questions regarding their patients' request for support. As such, dispensaries have collected pertinent informational sources, reports and scientific articles.

Even more importantly than scientific information, dispensaries possess vast practical experience with patients who are using herbal cannabis. This is the kind of information that is often most valuable for health care practitioners and cannot be found elsewhere.

### **Recommendations:**

- *Require only the information necessary for ascertaining appropriateness of medical use of cannabis on health care practitioner forms.*
- *Authorize physicians and other qualified health care practitioners to complete patient forms.*
- *Allow dispensaries to continue their role of document verification.*
- *Incorporate the vast experience of dispensaries into decision-making support for health care practitioners.*

## 4. Affordability

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Patients, the primary stakeholders in the MMAR, expressed to Health Canada during the consultation session in Ottawa, in February 2003, that affordability was one of their biggest concerns. Many people with serious or chronic illnesses or disabilities face the consequences of being removed from participation in the job market and resulting loss of income. Statistically, persons with disabilities are much more likely to have low incomes and become unemployed, with the average person with a disability earning approximately 25% less annually than the average Canadian.

To ensure reasonable access, it is imperative that patients have affordable access to medical cannabis. Dispensaries are in a good position to facilitate affordability measures in conjunction with amendments to the MMAR. Ultimately, the cost of cannabis for those in medical need must be covered under Canada's universal health care system as it is for other medicine.

### a. Dispensaries

CAMCD applauds Health Canada for deciding to remove itself from the authorization process and end its current contract with a single commercial entity to produce one strain of medical cannabis. According to a report reviewing this contract, although the production costs are being subsidized by taxpayer dollars patients are being charged a 1500% mark-up on their medicine to cover operating costs that total 400% the cost of the cannabis.

Dispensaries have proven to be a more cost-effective model for the distribution of medical cannabis. According to the above-mentioned report, one of Canada's largest dispensaries charged approximately a 66% markup to cover reasonable operating costs that total 50% of the cost of cannabis.

Working closely with patients and seeing the repercussions of patients having to cover the full cost of their medicine, most dispensaries have established programs that provide low-income patients with cannabis on a donation basis or at below-cost prices.

Typically, dispensaries offer cannabis at competitive prices. However, dispensaries must pay 'black market' prices for their product. If dispensaries were permitted to legally cultivate their own supply, or purchase from multiple licensed producers, these organizations would be able to provide cannabis to their clients at substantially lower prices. The proposed amendments to the MMAR suggest that licensed commercial producers would set the price for cannabis. CAMCD cautions that some price controls may be appropriate to discourage profiteering.

### b. Drug Benefit Programs

As it is with prescription drugs, legal access to cannabis for medical use requires the support of a health care practitioner to substantiate medical need. Cannabis is used as a substitute for

prescription drugs, or used to mitigate the side effects of these drug and support adherence to them. Patients must have the same kinds of supports and subsidies available to them for the cost of medical cannabis as they have for other prescription drugs.

To ensure that patients have coverage, medical cannabis must be incorporated into federal, provincial/territorial, and privately administered drug benefit programs. Dispensaries are able to issue a receipt to patients for their purchase, which in turn the patient can provide to the applicable drug benefit program, as well as to Revenue Canada for medical expense income tax deductions.

CAMCD recognizes the potential complexity cost coverage for medical cannabis presents. Cannabis is an herbal medicine and the costs of other herbal medicines are currently not covered. There are many effective strains of cannabis, and it would be undesirable and practical impossible to require DIN numbers for each one. However cost coverage is essential if patients are to be able to have reasonable access to medical cannabis and achieve the real health benefits from its use.

### **c. Personal Production Licenses (PPL)**

The retention of the PPL system is a further method that could be employed to help ensure that medical cannabis is affordable for patients. Under this system, patients are able to produce their medication in their home for a lower cost than they can purchase it. This is largely because patients are using excess space in their homes and providing the labour themselves which drastically reduces the overhead costs to produce cannabis.

Many patients who currently hold PPLs will likely continue to produce their medicine if they have invested substantially in their gardens and are cultivating effective strains. By ending the PPL system, the government will lose the ability to inspect and monitor these production sites.

Medical cannabis dispensaries are in a good position to provide patients with viable clones of particular strains of cannabis, as well as to provide education and other support to ensure safe cultivation standards are followed.

### **Recommendations:**

- *Permit dispensaries to produce their own supply and to purchase from other licensed producers.*
- *Initiate discussions with federal, provincial/territorial, and privately administered drug benefit programs to incorporate medical cannabis into existing drug benefit programs.*
- *Retain the PPL System.*

## 5. Costs to Government

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CAMCD supports Health Canada's decision to decentralize some of the duties it is currently performing. This will allow both increased efficiencies and cost-savings.

Dispensaries have been operating a parallel service delivery system for over a decade at no cost to taxpayers. They have experience performing the duties that Health Canada is proposing be fulfilled by licensed producers and distributors, and their level of performance has been scrutinized in courts across the country and upheld. Dispensaries are in a natural position to continue fulfilling these duties under the new regulatory framework.

CAMCD believes that by including dispensaries in the new regulatory framework, working with CAMCD to decentralize some regulatory duties, and addressing affordability, the Government of Canada can realize further efficiencies and cost-savings and fall in line with the 5% cost savings through program reductions that the Treasury Board is currently reviewing.

### a. Production

CAMCD applauds Health Canada's decision to remove itself from the authorization process and no longer issue a contract to a single commercial identity to produce and distribute medical cannabis to patients. Health Canada's contract with Prairie Plant Systems represents a heavy burden on taxpayers. A 2007 report that reviewed the contract showed that with a price tag of about \$3 million that year, including monthly reports costing as much as \$85,000, cannabis was provided to only 700 people. We are pleased that Health Canada is no longer requiring taxpayers and medical cannabis patients to fund inefficient practices, capital upgrades, and equipment for a private contractor.

Opting for licensing production and distribution organizations will greatly reduce the burden on the taxpayer. Dispensaries across Canada provide medical cannabis to over 30,000 people at no cost to taxpayers.

### b. Administration and Regulation

CAMCD supports Health Canada's decision to allow licensed producers to administrate the patient intake process rather than Health Canada. This will reduce Health Canada's expenditures, while benefiting patients in terms of reduced wait times. Dispensaries are currently well positioned to process applications in a timely manner at no cost to taxpayers.

The proposed improvements to the MMAR also include the regulation of organizations that produce and dispense medical cannabis. One of CAMCD's key objectives is to regulate medical cannabis dispensaries, in role akin to professional colleges and associations. CAMCD is currently developing a *Standards and Certification Process*, in consultation with key stakeholders. CAMCD's *Standards and Certification Process* will provide in depth criteria and accompanying certification to ensure that medical cannabis dispensaries are complying with best practices in the sector. Via membership dues, CAMCD would be able to regulate the

sector at no cost to the taxpayer, while ensuring that stringent criteria are met, through regular reporting requirements and inspections, similar to other health care accreditation. It seems natural for Health Canada to empower CAMCD as an independent national regulatory body for dispensaries. We believe that by partnering with CAMCD, Health Canada can position itself to realize significant cost-savings and support from dispensaries and their producers.

### **c. Health Care Savings**

In addition to increasing access to patients, providing cost coverage through drug benefit plans would also realize extensive cost savings to government through health care savings. Drug benefit plans currently cover the cost of synthetic cannabis. Many physicians prescribe these drugs instead of medical cannabis simply because the drug benefit plan coverage ensures its affordability. However, these drugs cost much more than cannabis. For example, Cesamet (Cesamet) costs 150% more than medical cannabis to receive the equivalent dosage. It is estimated that the coverage of medical cannabis would represent cost savings of approximately \$160 million nationwide for provincial drug benefit plans, based on current sales of Nabilone. This would help drastically reduce the stress on provincial health care systems in an era where costs are growing at an unsustainable rate.

The social capital created by dispensaries also leads to cost savings in the health care system. Hospitals have long voiced that much of their costs come from a small percentage of those patients that access their services. Often these are patients who routinely visit the emergency room looking for social contact due to their marginalization, as well as those who visit the emergency room simply because they were not connected with the appropriate healthcare resource. In both these cases dispensaries are able to reduce the costs to the healthcare system. The ability of dispensaries to have routine contact with patients and provide appropriate referrals, aids in creating an efficient health care system and reduces costs to hospitals.

Healthcare costs are currently rising across Canada at an unsustainable rate, putting many traditional services provided by government at risk. It is imperative that the free market be able to innovate and create cost efficiencies in the healthcare sector, without being restricted by onerous red tape. This has been widely recognized by the business community as well as the Government of Canada and its provincial counterparts. This government should seize the opportunities and cost savings represented by dispensaries.

### **d. Macro-Economic Impact**

Nationally, the medical cannabis sector is expected to expand to \$3 billion in annual sales over the next 15 years. This presents an annual increase in revenue for the Government of Canada and the GDP of Canada more broadly. The sector is currently attracting further investment for research and development, a key tenet of Canada's Economic Action Plan.

Dispensaries have positioned themselves as an integral part of the medical cannabis sector in the communities in which they operate. Dispensaries are strong job creators, with increased

job growth as the sector expands. We estimate that over the next 15 years the sector is likely to expand to over 2000 employment positions.

Many traditional narcotic pharmaceuticals prevent patients from being employed due to their side effects. Medical cannabis is often used as a replacement for these drugs. By providing access to medical cannabis, dispensaries are positioned to help many persons with disabilities re-enter the workforce. This will have a positive impact on many individuals, but also will have a larger positive economic impact given the demographic challenges facing Canada over the next fifty years.

The dispensary model in Canada was developed by compassionate and hardworking individuals who were able to recognize an important need and find innovative ways to operate professionally and ethically within the current legal framework. This type of entrepreneurial innovation is highly sought after in other sectors and should be celebrated by those championing Canada's economic prosperity.

### **Recommendations:**

- *Seize the opportunities and cost savings possible by incorporating dispensaries into the regulatory framework.*
- *Endorse CAMCD's Standards and Certification Process as the regulatory framework for the distribution of medical cannabis.*
- *Provide cost coverage for cannabis used for medical purposes through drug benefit plans.*

## 6. Public Health, Safety and Security

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As a result of the potential risks of cannabis use as well as the general prohibition of cannabis, the provision of cannabis for medical use poses unique challenges and consideration. Dispensaries recognize public health, safety and security concerns and have successfully provided access to cannabis in a safe and secure manner. To achieve success, dispensaries have developed innovative strategies for ensuring the safety and security of the entire process, from plant to patient. CAMCD is in the process of formalizing these strategies and creating a *Standards and Certification Process* to support dispensaries and ensure concerns of all stakeholders are met.

CAMCD believes that dispensaries are well positioned to address public health, safety and security concerns related to patients, products, their production and distribution, and the community. We have outlined below the role dispensaries have played and can continue to play in addressing these concerns.

### a. Patients

CAMCD welcomes changes to the MMAR that may allow for more patients to be under the legal protection of the program. In the meantime, while Health Canada has authorized approximately 10,000 patients, dispensaries serve approximately 30,000 patients. Many of the patients who have been received authorizations from Health Canada's medical marijuana program purchase their medicine from dispensaries. By offering a safe and secure means of access to high quality medical cannabis, dispensaries reduce the potential harms often associated with illicit distribution. These sources may be unreliable, unsafe, and difficult to find, and the cannabis available through them may be of lower quality and less effective than the cannabis provided through most community-based dispensaries.

Dispensaries act in accordance with all relevant privacy regulations. Confidentiality of patient records is an important aspect of their safety and security. To some extent, protection from the risk of potential criminal repercussion associated with cannabis possession is afforded to patients through ID cards issued by dispensaries. Law enforcement officers and courts may choose to respect and recognize ID cards from dispensaries as adequate proof of legitimate medical use. CAMCD is concerned that proposed amendments to the MMAR in regards to proof of legitimacy might jeopardize patient security.

By providing education to patients, dispensaries are able to support public health efforts. For example, patients are cautioned about sharing joints and provided with sanitizing agents for pipes and vaporizers. Dispensaries are also well positioned to pass on notices from public health officials to patients who come in to make purchases.

Due to the general prohibition of cannabis, patients use cannabis as a medicine in a highly stigmatized context. Patients often face discrimination and other challenges relating to their use of cannabis as a medicine. Dispensaries advocate for clients in regards to matters such as family, health care, housing, employment and insurance.

### **b. Dispensary Environment**

Dispensaries are aware that in order to provide a safe environment, and to avoid loss or damage to the dispensary, security measures must be taken. Security measures for a medical cannabis dispensary are the same as those necessary to safely and securely operate any business dealing with a valuable product. Some of these measures include: adequate locks, security bars, an alarm system, and a safe for storage of money and cannabis. It is imperative to use discretion when discussing sensitive information, such as the identity and location of suppliers, and details regarding the transportation of cash and cannabis.

Dispensaries are serving many patients and also employ staff and volunteers. They must maintain a clean and safe environment. All WCB rules and regulations, city by-laws and fire codes must be adhered to. Dispensaries must be clean, follow universal precautions for infection control, and provide restroom facilities where possible. Employees of a cannabis dispensary should have basic first-aid training. Documents or contracts detailing the patients' rights and responsibilities within dispensaries promote a safe, friendly and secure environment for all clients and staff.

Besides establishing and uphold standards for the certification of medical cannabis dispensaries, CAMCD will provide patients with a mechanism to log and address complaints about dispensaries.

### **c. Production Sites and Product Diversion**

Dispensaries, either individually or through CAMCD, are in the position to address concerns around production and ensure that the production facilities are not increasing public risk or displeasure. For example, as one of the conditions of being a producer, production facilities would be inspected for ESA certification, compliance with municipal building and fire codes, plant numbers, integrity of property, safety, cleanliness, air quality, cultivation products and mediums, and the general health of the plants.

Due to clients' budget restrictions, health considerations, and personal convenience, dispensaries must make available to clients the option to purchase smaller or larger quantities at one time. To address concerns of diversion, dispensaries must reserve the right to limit individual client purchases.

By recording individual patient purchases, dispensaries are able ensure that quantities being purchased do not suggest re-distribution. Personal contact with patients also allows for the development of relationships that can help effectively curtail diversion to the non-medical consumer.

#### **d. Community Relations**

Dispensaries are responsible for any related impact on their neighbours and local communities. Documents or contracts detailing the patients' rights and responsibilities encourage respect for the neighbourhood and local community and present clear repercussions for infractions, and a process for their implementation and enforcement.

Due to the general prohibition of cannabis, communities will want to know that the dispensary is a legitimate organization. Dispensaries must ensure transparency, openness, financial accountability, and mechanisms for client feedback. Non-profit incorporation is one way of meeting these criteria, although there are others.

Dispensaries must be in compliance with all applicable regulations federal, provincial/territorial and municipal regulations including: zoning, health and safety codes, labour standards, and WCB employment and reporting requirements. Dispensaries must maintain a clean, friendly, well-lit environment, and have open communication with applicable neighbourhood businesses, organizations, associations, individuals, and social welfare groups.

CAMCD's mandate is to provide information about medical cannabis dispensaries and the medical use of cannabis, and to work with the public, government, educational institutions, health care providers and law enforcement agencies to resolve issues related to access to and regulation of medical cannabis. Individual dispensaries also engage in public education. These efforts include participating in consultations with Health Canada, testifying before relevant government committees, working with health care organizations, engaging in research studies, presenting to the community at large and at conferences, speaking at educational institutions, testifying in court, and liaising with law enforcement organizations and other stakeholders. Together these efforts reduces stigma associated with the medical use of cannabis, thereby establishing a safer environment for dispensaries, patients, and the community.

#### **Recommendations:**

- *Include dispensaries in regulatory framework as an avenue for the safe and secure provision of access to cannabis for medical use.*
- *Recognize dispensary ID cards as proof of legitimate medical use.*
- *Endorse CAMCD's role in establishing and upholding dispensary standards.*
- *Prioritize public education and reduction of stigma as necessary aspects of promoting public health, safety and security.*

## 7. Research

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In 2001, Health Canada stated that one of the objectives of the Medical Marijuana Access Regulations is to provide seriously ill Canadian patients with access to marijuana while it is being researched as a possible medicine. To this end Health Canada's announced a 5-year, \$7.5 million clinical cannabis research program. However, since the implementation of this program Health Canada has only approved and fully funded one clinical protocol and funding for the research program was cancelled in 2006.

In the meantime, dispensaries have been at the forefront of peer-reviewed research into the medicinal use of cannabis, at no cost to the taxpayer. Dispensaries are uniquely suited to participate in research projects. They have extensive experience in the application of cannabis as a medicine, and their collective national membership provide access to potential study participants.

CAMCD believes that research must be a central objective of Health Canada's medical cannabis program. Health Canada should seize the opportunity to collaborate with dispensaries on research into the medical use of cannabis and methods for its production, distribution and regulation. This would be facilitated greatly through the inclusion of dispensaries in the regulatory framework.

### a. Condition-based Research

Cannabis is used to address the symptoms related to various medical conditions, as well as to mitigate the side effects of other treatments. Some researchers who work with particular medical conditions are interested in the use of cannabis for these purposes and have teamed with dispensaries to access patients with these conditions who use cannabis as a medicine.

In 2003, Canadian dispensaries broke new ground by participating in a study that was the first ever peer-reviewed medical cannabis research to take place in a community-based dispensary anywhere in the world. In this study, the Vancouver Island Compassion Society and BC Compassion Club Society teamed with Dr. Diana Sylvestre of the University of California, San Francisco to develop a research protocol investigating the treatment success rate of people suffering from Hepatitis C who had used cannabis during interferon/ribavirin treatment.

In 2006, the first dispensary-based study was published in a peer-reviewed scientific journal. *Survey of Cannabis Use Among Childbearing Women*, published in the *Journal of Complementary Therapies in Clinical Practice*, was from a study that was led by Dr. Patti Janssen from UBC and Rachel Westfall a PhD student at the University of Victoria, in collaboration with the Vancouver Island Compassion Society and BC Compassion Club Society. The study, authored by Westfall, Janssen, Lucas, and Capler, was republished in the same journal in 2009.

## **b. Dispensary-Initiated Research**

Through daily interaction with patients utilizing cannabis as a medicine, dispensaries have a unique perspective on the actual phenomena related to the medical use of cannabis that need to be studied and documented. Dispensaries are motivated to conduct research that will support their patients and that will help them to provide the best quality of patient care.

Sometimes dispensaries initiate their own in-house research. Internal surveys conducted by dispensaries have included a strain-symptom correlation survey at the VICS and a survey at the BCCCS to assess patients' use of cannabis for mental health conditions, as well as the effect of different strains and aspects of the dispensaries on their mental health.

Other phenomena are studied more formally in collaboration with academic researchers. A study initiated in California dispensaries by Dr. Amanda Reiman, looked at the 'substitution effect'. This examines the changes in the use of pharmaceutical opiates and other substances in patients using cannabis as a medicine. Supported by the University of Victoria and the Center for Addictions Research of British Columbia (CARBC), this study is being replicated in Canadian dispensaries by Dr. Reiman and Philippe Lucas.

## **c. Research on Access Through Dispensaries and HC program**

Researchers and academics are showing interest in the experiences of patients using cannabis as a medicine, both through dispensaries and Health Canada's program. CAMCD and individual dispensaries are collaborating on these studies. To date, Health Canada has not collaborated on any of these studies nor conducted research to evaluate their medical marijuana program.

*The Quality of Service Assessment of Health Canada's Medical Cannabis Policy and Program*, funded by a grant from McMaster University's Arts Research Council, launched in the spring of 2007. Designed by Philippe Lucas at CARBC and Dr. Andrew Hathaway at the University of Guelph, this study polled end-users of the federal medical cannabis program. Preliminary data reveals ongoing patient concerns with the federal program with 72% of respondents either "somewhat" or "totally" unsatisfied with Canada's federal medical cannabis program, and with over 75% ranking the quality of the federal medical cannabis supply as either a 1 or 2 on a scale of 1-10.

Some studies have looked at access of medical cannabis through dispensaries. *Medical Marijuana, Community Building, and Canada's Compassionate Societies*, (Hathaway and Rositer, Contemporary Justice Review Vol. 10, No. 3, September 2007), found that community-based access created much-needed social capital for this patient population.

Other studies have looked at both systems of access. A study by the Canadian AIDS Society examined the legal, ethical and human rights issues related to access and regulation of cannabis for therapeutic purposes for people living with HIV/AIDS. The 2006 report, called

*Cannabis as Therapy for People Living with HIV/AIDS: “Our Right, Our Choice”* authored by Lynne Belle-Isle, recommended an Auditor General review of Health Canada’s medical marijuana program, the recognition of compassion clubs as legal dispensaries of medicinal cannabis, and having the costs of cannabis covered under provincial drug plans.

Dr. Zachary Walsh at the University of British Columbia is conducting a study funded by the UBC Institute for Healthy Living and Chronic Disease Prevention looking at barriers to accessing medical cannabis among individuals with chronic illness. This will look at patients’ experiences with both dispensaries and Health Canada’s program.

#### **d. Community-based Research**

Dispensaries are also teaming with researchers looking at issues related to the medical use of cannabis, and with other organizations that are working with similar populations.

Dr. Lynda Balneaves and Dr. Joan Bottorf of UBC’s School of Nursing, undertook a research study called *Health Effects of Medical Marijuana Project (HEMMP)*. The study interviewed patients who obtained marijuana for medical use as members of a dispensary or as holders of a MMAR authorization, with the objectives of understanding the health and social effects for individuals who use cannabis for medical purposes, and examining how the social and political context around marijuana influences people’s decisions to use it. A resulting paper entitled *Health Effects of Using Cannabis for Therapeutic Purposes: A Gender Analysis of Users’ Perspectives, (Substance Use and Misuse, 2011, 46:6)*, describes how individuals who self-report therapeutic use of cannabis perceive its health effects.

The BC Compassion Club Society is currently collaborating with Healing our Spirit with an On-reserve First Nations and Inuit Health Research Capacity Building Project, and with the Ontario HIV Treatment Network on a randomized control trial looking at community-based AIDS service organizations’ use of research evidence.

#### **Recommendations:**

- *Re-establish a research agenda for medical cannabis.*
- *Seize the opportunity to collaborate with dispensaries on research into the medical use of cannabis and methods for its production, distribution and regulation.*
- *Dedicate funding for dispensaries, and university and community partnerships.*

## Conclusion and Summary of Recommendations

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CAMCD believes the spirit of the current proposed amendments to the MMAR is in line with the community-based dispensary model, and that the remaining gaps in the amendments can be filled by the inclusion of dispensaries into this regulatory framework. Dispensaries have successfully demonstrated a cost-effective alternative health delivery option that can reduce costs to government while providing reasonable access to high quality patient care. CAMCD is currently developing a certification system to ensure all member dispensaries adhere to standards that meet the needs of patients and address the concerns of other stakeholders. We appreciate the opportunity to participate in this consultation process and thank you for the consideration of our report and recommendations.

### Recommendations:

#### 1. Services

- *Ensure the provision of meaningful and tailored patient intake and education.*
- *Allow for a distribution system that provides patients access to the ancillary services currently provided by dispensaries.*
- *Permit onsite distribution through dispensaries.*

#### 2. Products and Production

- *Ensure patients access to a wide variety of cannabis strains as well as cannabis products.*
- *Issue production licenses to varying scales of commercial producers.*
- *Provide current dispensary producers the opportunity to transition into the regulatory framework.*
- *Support access to laboratory testing for all licensed producers and distributors.*

#### 3. Health Care Practitioners

- *Require only the information necessary for ascertaining appropriateness of medical use of cannabis on health care practitioner forms.*
- *Authorize physicians and other qualified health care practitioners to complete patient forms.*
- *Allow dispensaries to continue their role of document verification.*
- *Incorporate the vast experience of dispensaries into decision-making support for health care practitioners.*

#### **4. Affordability**

- *Permit dispensaries to produce their own supply and to purchase from other licensed producers.*
- *Initiate discussions with federal, provincial/territorial, and privately administered drug benefit programs to incorporate medical cannabis into existing drug benefit programs.*
- *Retain the PPL System.*

#### **5. Costs to Government**

- *Seize the opportunities and cost savings possible by incorporating dispensaries into the regulatory framework.*
- *Endorse CAMCD's Standards and Certification Process as the regulatory framework for the distribution of medical cannabis.*
- *Provide cost coverage for cannabis used for medical purposes through drug benefit plans.*

#### **6. Public Health, Safety and Security**

- *Include dispensaries in regulatory framework as an avenue for the safe and secure provision of access to cannabis for medical use.*
- *Recognize dispensary ID cards as proof of legitimate medical use.*
- *Endorse CAMCD's role in establishing and upholding dispensary standards.*
- *Prioritize public education and reduction of stigma as necessary aspects of promoting public health, safety and security.*

#### **7. Research**

- *Re-establish a research agenda for medical cannabis.*
- *Seize the opportunity to collaborate with dispensaries on research into the medical use of cannabis and methods for its production, distribution and regulation.*
- *Dedicate funding for dispensaries, and university and community partnerships.*

**CAMCD**  **ACDCM**  
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