
Cannabis Legalization: Focusing On Patient Needs



Recommendations on

**Access,
Affordability
& Research**

of medical cannabis.

Monday, May 9, 2016

4:30-6:00pm

Commonwealth Room (238-S)
Centre Block

Introduction

As we move forward into a federal legal regulatory system for recreational cannabis, it is essential we focus on addressing the currently unmet needs of Canadian patients accessing cannabis for medical purposes and promote further research.

As of today, there are in excess of 40,000 critically and chronically ill patients accessing cannabis through the *Marihuana for Medical Purposes Regulations* (MMPR) and every day more patients are turning to cannabis as a therapeutic modality. Both the MMPR, which was enacted in 2014, and the *Marihuana Medical Access Regulations* (MMAR), the medical cannabis regulations in effect from 2001-2014, have been found by the courts to need improvement to appropriately address patients' needs.

In a recent constitutional challenge dealing with access and affordability (*Allard et al. v. Her Majesty the Queen, 2016*), Judge Phelan declared the MMPR invalid and suspended his decision for six months, until August 24 2016, to allow for the government to revise the regulations to improve access.

These five recommendations offer solutions around affordability, access, and ways to promote research. We are hopeful the government will consider these recommendations during both the MMPR/Allard revisions and during the development of cannabis legalization regulations.

Respectfully yours,

Janet Yale
CEO, Arthritis Society

Jonathan Zaid
Founder and Executive Director, Canadians for Fair Access to Medical Marijuana

Recommendation 1: Sales Tax

Remove federal sales tax from medical cannabis. Medical cannabis should be zero-rated like other medical necessities and prescription medicines.

Background & Policy Rationale

Currently, medical cannabis is subject to sales tax making access more costly and less affordable for patients. This policy is also inconsistent with the taxation of other prescription drugs by the Canada Revenue Agency.

- On December 16, 2012, the federal Minister of Health declared that the policy of the federal government is and should be, “to treat marihuana as much as possible like any other narcotic used for medical purposes.” The government has yet to treat cannabis in this manner.
- The Excise Tax Act proclaims drugs that are authorized by a health-care practitioner and which are not available “over the counter,” are zero-rated.
- E-petition 190, which calls for the removal of sales tax on medical cannabis, has received almost 8500 signatures.

Recommendation 2: Insurance Coverage

Create a pathway for Health Canada to approve medicinal cannabis as a drug or medicine. An approved drug status would facilitate cost coverage by both public and private insurance plans. As with prescription medicines, medical cannabis should be covered by healthcare insurance.

Background & Policy Rationale

For many patients, the inequitable treatment of medical cannabis by both public and private healthcare insurance plans poses the greatest financial obstacle to affordable access. In fact, many patients use medical cannabis as a ‘third line therapy’ meaning that it is utilized after all other insured options are exhausted. Like other prescribed medicines, medical cannabis should be approved for drug status in order to qualify for insurance coverage.

- “More than half of [patients] reported that they were sometimes or never able to afford to buy sufficient quantity of [Cannabis for Therapeutic Purposes] to relieve their symptoms, and approximately one third reported that they often or always choose between cannabis and other necessities (e.g. food, rent, other medicines) because of lack of money.” (Belle-Isle, L. et al., International Journal of Drug Policy 2014)
- Based on average current pricing and dosage, medical cannabis patients, many of who are on fixed income, bear costs upwards of \$500/month.
- There are systems in place to insure approved medicines. Since cannabis was made accessible through the courts, it’s in a unique situation not shared by any other prescribed medication. Future regulation must provide a regulatory pathway for medical cannabis to be approved as a drug or medicine, allowing it to be eligible under existing drug formularies.

Recommendation 3: Access to All Products

Ensure legal access to medical cannabis products in all of its forms and various potencies, including but not limited to: herbal cannabis, capsules, tinctures, topicals, edible extracts and finished products, and inhaled extracts. This move would bring federal policy into conformity with the recent Supreme Court ruling, *R vs. Smith 2015*.

Background & Policy Rationale

Even when provided with a medical document by a practicing physician, patients frequently encounter obstacles accessing medical cannabis in all its various forms. Not only does this deny many patients the most effective therapeutic benefit but it creates an incentive for the purchase of unregulated and inexpertly composed home-made product, creating health and safety concerns.

- Patients must be able to purchase medicine from a legal source that has been tested for safety and potency.
- The *R. vs. Smith 2015* ruling determined that limitations on cannabis products in its various forms are arbitrary.
- Some forms of cannabis extracts can be risky to produce and consume and should be regulated.

Recommendation 4: Distribution Options

Regulations should ensure that patients have access to medical cannabis through a wide range of distribution options - including on-site dispensing, mail order, and self-production.

Background & Policy Rationale

Under the *Marihuana for Medical Purposes Regulations* (MMPR) the only legal means of access is through direct mail-order from licensed producers. While this system has its merits, patients needs aren't being fully met through legal channels, forcing many patients to access product through currently unregulated dispensaries or self-production.

On-site dispensing. Ensuring access through regulated on-site sources, including dispensaries, must be a key priority. There is also a clear need for on-site education about proper use of medical cannabis. In this respect, one medical cannabis dispensary model that bears close resemblance is the "compassion club" which has been recommended by the Senate Special Committee on Illegal Drugs (2002) as well as in the *Allard* ruling, when Judge Phelan cited that, "...dispensaries are at the heart of cannabis access" p. 58 [162]. Pharmacy industry groups have recently stated they are now interested in distributing medical cannabis and their expertise would be a welcomed addition to dispensaries.

Mail Order: Patients in rural areas or with limited mobility may prefer to have their medical cannabis delivered to them directly. Mail order will remain a necessary option.

Self-production: Some patients prefer to produce their own medicine, often citing concerns about cost and strain selection. In line with the *Allard* ruling, regulations must allow for the safe self-production of medical cannabis.

Recommendation 5: Promote Research

Expand the evidence base on medical use of cannabis through increased funding from federal granting bodies and the creation of new funding programs (such as The Arthritis Society), and by modernizing research licensing policies.

Background & Policy Rationale

The medical use of cannabis has been slowed by the paucity of pre-clinical and clinical studies on cannabis and its effects on humans. Although Canada is a world leader in cannabis and cannabinoid research, these research efforts are impeded by onerous licensing requirements and the lack of dedicated funding. Patients with chronic conditions seeking relief face unfair barriers due to the lack of clinical medical research. In other cases, the evidence needed to make informed policy decisions is lacking.

- Health Canada should actively facilitate cannabis research through streamlined research licensing processes.
- CIHR, NSERC and SSHRC should target research funding to close knowledge gaps related to medical cannabis.
- The Arthritis Society has proposed funding of \$25 million over 5 years with opportunities for private and not-for-profit organizations to also dedicate funds. The focus of research is proposed to be threefold: 1) basic and clinical science, 2) health services and 3) policy research. These priorities were set at a CIHR funded meeting (2013) and an Arthritis Society Round Table (2015).
- To further Canada's role as a leader in the area, a Centre of Excellence in Cannabis Research should be formed at a Canadian university.

Cannabis Expert Contributors

These leading Canadian cannabis experts have helped craft, substantiate, and support the recommendations:

Lynne Belle-Isle, PhD

Lynne Belle-Isle, PhD, is a National Programs Manager with the Canadian AIDS Society and a Research Affiliate at the Centre for Addictions Research of BC. She is co-founder and Chair of the Canadian Drug Policy Coalition. She has been consulting with people who live with a variety of conditions about access to cannabis for medical purposes and providing input into Canada's regulations on medical cannabis. Her research on "Barriers to access to medical cannabis for Canadians living with HIV/AIDS" was published in AIDS Care in April 2007. This work led to collaboration on research as part of the Cannabis Access for Medical Purposes (CAMPS) Study (2014) and the ongoing Cannabis Access Regulations (CANARY) Study. This work has been used in various court cases challenging the constitutionality of the Marihuana Medical Access Regulations.

Hilary Black (event co-organizer)

Hilary pioneered the first medical cannabis dispensary in Canada, and she has been dedicated to serving patients for over 18 years. She founded the British Columbia Compassion Club Society (BCCCS)—the first medical cannabis dispensary in Canada—in 1997. In addition to providing medical cannabis, the BCCCS offers subsidized natural healthcare services in its Wellness Centre, dramatically improving the health, and quality of life, of thousands of critically and chronically ill Canadians. Hilary served as a Director and Spokesperson for the BCCCS for over a decade working with: patients, medical cannabis producers, healthcare professionals, legal authorities, researchers and government.

Hilary is currently the Director of Patient and Community Services for Bedrocan Canada. She provides her expertise on patient care, education, outreach, and physician education initiatives. She continues to be committed to breaking down the barriers to access for all Canadian patients.

Hilary is a recipient of the Queen Elizabeth Diamond Jubilee Award, acknowledging her for making a significant contribution to Canadian society for her work with medical cannabis.

Cannabis Expert Contributors

Rielle Capler, MHA, PhD(c)

Rielle Capler has been working in the medical cannabis field in Canada for over 15 years as researcher, educator, consultant and policy advisor. After receiving a Masters degree in Health Administration, she worked with the first medical cannabis dispensary in Canada from 1999-2007. Rielle co-founded the Canadian Association of Medical Cannabis Dispensaries (CAMCD) in 2010 and currently sits on its Advisory Board. As coordinator of the SEED project at UBC, Rielle worked with dispensaries, patients and other stakeholders to develop CAMCD's nation-wide standards and certification program for dispensaries. Rielle received the Governor General's Queen Elizabeth Diamond Jubilee Award in 2013. Rielle is currently a PhD candidate at the University of British Columbia studying the impact of regulatory frameworks on patient access to cannabis for medical use.

Jonathan Page, PhD

Jonathan Page is an Adjunct Professor in the Botany Department at the University of British Columbia. He has spent his career deciphering the genetic and biochemical secrets of medicinal plants, including the production of THC and other cannabinoids in cannabis. He received his PhD from the University of British Columbia (1998), undertook postdoctoral training in Germany (1998-2003) and directed a lab at the National Research Council's Plant Biotechnology Institute (2003-2013). Dr. Page co-led the Canadian team that reported the first sequence of the cannabis genome and his work has helped elucidate the biochemical pathway leading to the major cannabinoids. He recently founded a biotechnology company, Anandia Labs, to develop new cannabis-based medicines using genomics and plant breeding.

Cannabis Expert Contributors

Danial Schecter, MD

Dr. Danial Schecter is co-founder of the Cannabinoid Medical Clinic (CMClinic) and a practicing family physician. After working alongside some of Canada's leading researchers in the field of medical cannabis, Dr. Schecter developed a strong interest in the therapeutic use of cannabinoids. As a recognized medical expert in the field of prescription cannabinoids and medical cannabis, Dr. Schecter has given numerous presentations to fellow physicians and developed educational programs on this subject. Dr. Schecter spearheaded the creation of the Patient Handbook on Medical Cannabis used by many organizations as a patient education tool. In addition to cannabinoid medicine, Dr. Schecter's clinical interests include delivering a high standard of care to at risk elderly and palliative care patients, prompting him to establish his own house-calls service in Georgian Bay, ON. Along with his other clinical duties Dr. Schecter continues to be an active hospitalist at the Royal Victoria Regional Health Centre in Barrie, ON.

Janet Yale

Janet Yale currently serves as President and CEO of The Arthritis Society after years of providing results-oriented leadership in c-suite positions in the private, public and not-for-profit world.

An accomplished senior executive with a long history in the telecommunications sector, Janet previously served as Executive Vice President at TELUS from 2003 to 2010 and as President and CEO of the Canadian Cable Television Association from 1999 to 2003. Before taking her current position at The Arthritis Society, Janet served for two years as the CEO and Executive Commissioner at Scouts Canada. A lawyer and economist by training, Janet worked early in her career as a Director General at the CRTC and as general counsel to the Consumers Association of Canada.

Janet also makes time to lead and sit on a variety of boards in the health, chronic disease, business and cultural sectors. She is a dedicated advocate of strengthened governance and oversight and is a certified director and graduate of the Institute of Corporate Directors program along with the Rotman School of Management.

Cannabis Patient Advocates

Leslie Best

Leslie Best is happily married, work at home mother to 3 children (11, 8, 3), running her own yoga teaching business in the Greater Toronto Area. Leading classes mainly in schools, community and private groups, Leslie is an engaged and active member in her community.

In 2010, after 20 years of being repeatedly treated for bladder infections, Leslie was diagnosed with Interstitial Cystitis - a chronic disease caused by inflammation, irritation and stiffening of the bladder. After trying many conventional, insurance covered pharmaceutical treatments and experiencing many adverse side effects she began researching alternative treatments. Her goal was to find a low risk treatment for her condition that had limited side effects. Based on her research she approached her family physician for a medical marijuana prescription and, due to her medical history, was easily approved.

Soon after realizing that cannabis would not be covered under her husbands work benefit plan like the other prescribed treatments, Leslie felt compelled to take some action. With the support of CFAMM's Jonathan Zaid, they are currently challenging her husband's employer and insurer to receive coverage.

Leslie has become a passionate advocate for medical cannabis and is working to increase its affordability and encourage greater research into its potential treatment uses. She is also working to decrease the stigma surrounding the use of cannabis as a medical treatment. This passionate advocacy is partially due to her commitment to wellness and a desire to help others suffering from long-term, chronic conditions, but also due to her family's medical needs. In April 2015 her son was diagnosed with Tourette's Syndrome and in July 2015 her daughter diagnosed with PANDAS/PANS. Both life altering, neurological conditions with no cure or treatment protocol that many parents and patients believe cannabis could help if more research was conducted.

A published blogger on the YummyMummyClub.ca and the Huffington Post Parents Canada on the topic of PANDAS/PANS awareness, Leslie hopes to help other families/patients by sharing her story.

Cannabis Patient Advocates

Mandy McKnight

Mandy became an 'accidental' advocate for safe access to medical marijuana when her son Liam had reached the end of his medical journey with conventional therapies. Liam suffers from Dravet Syndrome, a rare and catastrophic form of epilepsy for which there currently is no cure and treatment options are extremely limited. At 8 years old, he is one of the younger medical marijuana patients authorized through the MMPR.

Over the last two years after witnessing the incredible progress that Liam has made since starting cannabis as a treatment for his seizures, Mandy has become a vocal advocate for kids and cannabis. Helping other parents navigate the MMPR regulations in order to obtain safe access to medical marijuana for their sick kids. She spoke out against Health Canada's regulations that required her son to smoke his medication by appearing on various national news networks, CBC's Power and Politics, several radio broadcasts, as well as a variety of print and internet media across Canada, the US and overseas. Mandy was also granted intervener status in the recent R.v. Smith - Supreme Court Case, under the application for Santé Cannabis where she was able to outline in an affidavit what impact the restrictive regulations of dry form cannabis had on Liam's life.

Mandy sits on the Patient Advisory Board of the Licensed Producer Bedrocan, where she hopes to bring a voice for parents and caregivers of pediatric patients suffering from devastating illnesses. Mandy is passionate about patients, especially kids, getting fair access to cannabis as a treatment for their illnesses.

She is a founding board member of Canada's only charity for kids who suffer from Dravet Syndrome. Dravet Canada was formed in February 2012 and she was an active board member until September 2014, when she decided to take a step back so she could focus more of her time on access to cannabis for pediatric patients. She is still an active volunteer with Dravet Canada, as Mandy and her family host an annual walk in Constance Bay, ON to raise awareness and money for research for Dravet Syndrome. The three previous walks have raised over \$180,000 to be put towards research for better treatments for Dravet Syndrome.

Mandy lives in Ottawa with her husband Dave and their three kids, Ava 11, Maya 9 and Liam 8.

Cannabis Patient Advocates

Jonathan Zaid (event co-organizer)

Jonathan Zaid is a Knowledge Integration student at the University of Waterloo and Founder and Executive Director of Canadians for Fair Access to Medical Marijuana (CFAMM). Since 2007 he has been suffering from New Daily Persistent Headache, which causes constant chronic head pain and insomnia. After trying all available interventions to no avail, Jonathan finally gained some relief from medical cannabis.

In 2014, Zaid founded the non-profit patients' rights group Canadians for Fair Access to Medical Marijuana, which aims to help others navigate, and ultimately improve, the issues and challenges associated with medical cannabis. Zaid is recognized as a leading industry expert on the cost-coverage of medical cannabis. He has been seen advocating for patients' rights on industry panels and been featured in numerous television, radio, blog, and newspaper interviews.

About The Arthritis Society and CFAMM



The Arthritis Society has been setting lives in motion for over 65 years. Dedicated to a vision of living well while creating a future without arthritis, The Society is Canada's principal health charity providing education, programs and support to the over 4.6 million Canadians living with arthritis. Since its founding in 1948, The Society has been the largest non-government funder of arthritis research in Canada, investing over \$190 million in projects that have led to breakthroughs in the diagnosis, treatment and care of people with arthritis. The Arthritis Society is accredited under Imagine Canada's Standards Program. **For more information and to make a donation, visit www.arthritis.ca.**



Founded in 2014, Canadians for Fair Access to Medical Marijuana (CFAMM) is a federal non-profit, patient-run organization dedicated to protecting and improving the rights of medical cannabis patients. CFAMM's goal is to enable patients to obtain fair and safe access to medical cannabis with a special focus on affordability, including private and public insurance coverage. **For more information, visit www.cfamm.ca or email info@cfamm.ca.**