CANADIAN AIDS SOCIETY
SOCIÉTÉ CANADIENNE DU SIDA

Nationally Focussed, Community Based
Un vision national, une base communautaire

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Medical Marihuana Regulatory Reform
Controlled Substances and Tobacco Directorate
Healthy Environments and Consumer Safety Branch
Health Canada
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To whom it may concern,

Following, you will the find the official response of the undersigned to the call for comments on the proposed Marihuana for Medical Purposes Regulations (MMPR), as released on December 15, 2012 in the Canada Gazette, Vol. 146, No. 50.

In partnership with the undersigned, the Canadian AIDS Society responds specifically to the issues regarding: (1) obtaining authorization to possess cannabis for medical purposes; and, (2) the proposed supply and distribution system for dried cannabis.

OBTAINING AUTHORIZATION TO POSSESS CANNABIS FOR MEDICAL PURPOSES

The proposed MMPR are built on the premise that Canadians who are in need of cannabis for medical purposes would obtain a document directly from their physician, similar to a prescription. These patients would no longer be required to submit an application to Health Canada requesting authorization to possess cannabis. This is a progressive step toward easing some of the barriers to access which Canadians have experienced with the existing administrative process.

Our concerns remain, however, with the fact that physicians and medical associations are still resistant to the role required of them first by the MMAR, and now the proposed MMPR. While a 'prescription' type document may be more familiar to physicians and less cumbersome than the long application form that currently exists, the fact remains that the Canadian Medical Association's (CMA) own data show that the majority of physicians believe they are not sufficiently informed of the risks and benefits (57%) and of the appropriate use (56%) of cannabis for medical purposes.[1]

The same survey by the CMA reports that one-third of physicians never support their patients' request for an authorization to use cannabis for medical purposes, and 64% only occasionally or seldom do so. Clearly, significant barriers to access exist under the current MMAR, and it is doubtful whether the proposed MMPR will contribute to reducing these barriers.

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[1] Canadian Medical Association. (2012). MD role in use of medical marijuana baffles many doctors: survey. October 11, 2012. http://www.cma.ca/md-role-medical-marijuana-baffles

Recommendations:

1. Health Canada affirms that cannabis for medical purposes should be approached from a medical model. The success of this approach depends on the establishment of standards of care and continuing education for health care practitioners. While slow progress has been made in this area, patients continue to have difficulty accessing a physician who is knowledgeable enough with the body of evidence available to make a clinical judgment without compromising their professional integrity. The MMPR needs to address these educational needs if doctors and other health-care practitioners are to make sound decisions about the use of cannabis for medical purposes.

   Furthermore, physicians need to be informed about the knowledge that exists regarding the use of cannabis in a medicinal context, a state of knowledge that is sufficient for sound clinical judgement, according to Dr. Mark Ware, physician and pain specialist and researcher into cannabis for medical purposes.[2]

2. Health Canada needs to take proactive steps to establish an effective mechanism through which patients can access a fair, timely and affordable assessment, by an informed medical expert, or body of experts, who could render a sound medical judgment regarding the request for authorization to use cannabis for medical purposes.

3. We welcome the introduction of nurse practitioners as authorized health care practitioners who could support access to cannabis for medical purposes in provinces and territories where this is within the scope of their practice. In addition, other health care practitioners who may be more familiar with the medical use of herbal remedies, such as naturopaths, should also be included under the MMPR.

PROPOSED SUPPLY AND DISTRIBUTION SYSTEM FOR DRIED CANNABIS

Under the MMPR, Health Canada proposes to license commercial producers to supply cannabis for medical purposes to authorized individuals, and Personal Use Production Licenses would be phased out. Under this supply and distribution model, licensed producers would offer several strains of cannabis; they would provide cannabis to several authorized persons; and, quality control processes would be implemented.

While many patients who choose to produce their own cannabis often do so in order to choose the strain(s) that work best for them, the main motivation for many is the cost-effectiveness of maintaining their own garden. The current prices of cannabis from available sources such as for-profit medical cannabis dispensaries are already prohibitive for many.[3] The regulatory impact statement that preceded the MMPR in the Canada Gazette states that

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[2] Ware, M. (2012). Opinion: Moving ahead on the medical use of cannabis. Montreal Gazette, December 18, 2012, http://www.montrealgazette.com/Opinion+Moving+ahead+medical+cannabis/7710533/story.html#ixzz2FQCrIpej

[3] Lucas, P. (2012). It Can't Hurt to Ask; A Patient-Centered Quality of Service Assessment of Health Canada's Medical Cannabis Policy and Program. Harm Reduction Journal, 9(2),

with the proposed model of licensing commercial producers, prices of cannabis for medical purposes will increase further.

However, research has shown that not-for-profit medical cannabis dispensaries offer several benefits for people who are connected with these community-based organizations, such as the reduction of social isolation, educational opportunities, empowerment and improved health-related quality of life.[4] In our consultation, people living with HIV/AIDS who use cannabis for medical purposes and who frequent medical cannabis dispensaries report some of these same benefits.[5]

Canadian medical cannabis dispensaries have developed a rigorous accreditation program[6] to ensure consistency in the quality of both the services they provide and the products they dispense, as recommended by the Canadian AIDS Society in 2006.[7]

Recommendations:

1. A viable distribution model already exists through not-for-profit medical cannabis dispensaries. They offer a range of cannabis strains and services such as peer counselling; information about the use of cannabis for medical purposes; and, referrals to other social and health services.

   The inclusion of medical cannabis dispensaries into the supply and distribution system under the MMPR would tap into an already existing network and would greatly improve access to cannabis for medical purposes.

2. Licensed producers and medical cannabis dispensaries should also be allowed, subject to appropriate oversight, to produce and/or supply other cannabis products for medical purposes, such as baked goods and tinctures, which provide healthier alternatives to smoking.

3. We strongly recommend that a system be established to continue licenses for personal production of cannabis for medical purposes. The prescription-like document that will be supplied to patients by their physician could also serve as a valid license to produce a limited number of cannabis plants for medical purposes.

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[4] Roy, C. M. & Cain, R. (2001). The involvement of people living with HIV/AIDS in community-based organizations: Contributions and constraints. AIDS Care, 13, 421-432.
Crook, J., Browne, G., Roberts, J., & Gafni, A. (2005). Impact of Support Services Provided by a Community-Based AIDS Service Organization on Persons Living With HIV/AIDS. Journal of the Association of Nurses in AIDS Care, 16(4), 39-49.
Harris, G. E. & Alderson, K. (2006). Gay men living with HIV/AIDS: The potential for empowerment. Journal of HIV/AIDS and Social Services, 5, 9-24.
Harris, G. E. & Alderson, K. (2007). An investigation of gay men's experiences with HIV counseling and peer support services. Canadian Journal of Community Mental Health, 26, 129-142.

[5] Belle-Isle, L. & Hathaway, A. (2007). Barriers to access to medical cannabis for Canadians living with HIV/AIDS. AIDS Care, 19(4), 500-506.

[6] Canadian Association of Medical Cannabis Dispensaries. Dispensary Accreditation. http://www.camcd-acdcm.ca/dispensary-certification/

[7] Canadian AIDS Society. (2006). Cannabis as Therapy for People Living with HIV/AIDS: "Our Right, Our Choice". http://www.cdnaids.ca/files.nsf/pages/cannabis_english/$file/cannabis_english.pdf

Some medical cannabis programs in the US, for example, allow medical users to grow anywhere from six to twelve plants, depending on the state (California, Arizona, Hawaii, Michigan, Montana, New Mexico, Vermont).

3.1. Short of continuing to license personal production, at the very least the MMPR should include a grandfather clause to ensure that those who currently have a Personal Use Production License can continue to do so. These individuals have invested significant time and money to establish their garden. In addition, if plans go forward to phase out licenses to produce, provisions will have to be made to compensate individuals for the costs incurred in setting up their cannabis production in the first place, in accordance with the existing MMAR.

Clearly, the need remains for continued and increased research and information-sharing into the health benefits of cannabis; the various strains of cannabis that exist and their specific physiological effects; and, the risks involved in the use of cannabis for medical purposes. We, the undersigned, welcome the opportunity to work with all of the involved and affected stakeholders to address existing and remaining barriers to access and other concerns with the MMPR.

Thank you for considering our submission.

Sincerely,

Monique Doolittle-Romas

Monique Doolittle-Romas
Chief Executive Officer

This document was reviewed and endorsed by the following organizations:
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