From: [redacted]
To: Health Canada
Subject: 11-07-28-108 Proposed Changes
Date: 2011-07-28 08:10 PM

Hello Health Canada ,

Just the other day on the news everywhere was the FACT that the "CRIME RATE " was the LOWEST in 20 years .
So please look at the FACTS !!

Also if these changes are made Health Canada WILL find themselves in Supreme Court on many Human Rights issues now that we have been allowed to produce our own meds , and we have invested LOTS of money on securing our houses , buying equipment investments in Breeds that work for our individual medical problems just to name a few that will be in the Class Action Lawsuit .

Please tell me Health Canada HOW you changing my ability to grow is helping me the sick (incurable) person ? Since this announcement
has come out I have been TWICE as ill worrying about how this will turn out .WHY , because MY Meds take 3 to 5 weeks more to flower , which is 11 to 13 weeks not the normal 6 to 8 weeks which MOST grower flower for ., and NO grower is going to go the extra weeks for anyone .
So will I be stuck taking 2 to 4 times the amount in a day to find any of the effects I need , that is if it works at all .

Also I am on ODSP , will they be forced to once again by the Supreme Court pay for my meds because I can not "GROW MY OWN " . They will only pay for the lowest amount ei: they would pay YOUR $5 a gram AND NO MORE > which would leave me to find $10 a gram
Where would I come up with that ? Well Maybe I would be forced to sell my Oxycodan on the street to be able to afford my medical marijuana .
Please tell me HOW did that help keep "OUR KIDS SAFE " ??
Speaking of Oxycodan ect. are those drugs NOT UNDER your control?
and if the answer is yes , haven't you done a WONDERFUL job of keeping these drugs off the streets and keeping "OUR CHILDREN SAFE". trust me Health Canada leave the medical marijuana in the hands of the sick . Stop being the Health Canada Police Dept. , and leave the policing to the police . YOU do not have a good record of keeping the drugs off the streets . !!

As it is right now with me being able to grow my own the cost is 40 CENTS A GRAM . approx .$4.50 a day . And for those who grow outdoors it is even less , almost no cost to them at all. Back to YOUR
$ 5 a gram price , this is for me alone would be $45.00 day . As it is I can I fill my

prescription for NO MORE than $ 31. 50 A WEEK .

PLEASE Health Canada do not take away my right to grow my own medical marijuana , or at $3.15.00 a week I WILL be forced to sell my Morphine as well !
As for the doctor dilemma and your ability to get permits out in time .
Why not put in to place a check box for a 5 year permit , because
there are a alot of very sick incurable people getting put through every year .A lot of peoples conditions are never going to change , well they will but it will be only be for the worse .

I have been growing at my residences for the last four years , I am well respected in my neighborhood and there has NEVER been a FIRE
or a POLICE problem . I live with a Fire Dept. just outside my yard and they tell me that " MEDICAL MARIJUANA "" grows are not even on their list of what causes the most fires .
PLEASE RECONSIDER !!
Thank You for taking the time to read this and allow me to have a say , I really do appreciate it !!
[redacted] .

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-87 comments regarding MMAD changes
Date: 2011-07-31 08:36 PM

Dear Sir/Madam,

With regard to your Health Canada June 20, 2011 writing regarding "improvements", to the Marihuana Medical Access Program, please accept this email as my formal response/comment regarding said suggested improvements.

Firstly as a licensed medical marihuana user I am quite surprised that no copy of the above noted Health Canada writing was provided to me. I am only aware of said writing because a copy was provided to me by another license holder.

My main concern under the proposed new regulations revolve around affordability, access, and confidentiality.

At present my designated grower provides me whatever strains of the medicine I require at cost-ie. electricity, etc., making it very inexpensive for me. Under your proposed legislation market rates would prevail and I suspect that such rates would be well outside my financial capabilities. Not only would that be the case for me but I also believe that many other license holders would be financially challenged due to their varying disabilities/ hardships.

Your suggestion that access will be limited to delivery by registered mail or bonded courier would only save to add to an already inflated market price, making the necessary medication even farther out of my reach.

Lastly, by mandating that my new license must be submitted directly to the chosen licensed commercial grower my privacy regarding the specifics of my ailment is being compromised. Ergo, violating the Privacy Act.

In total, the suggested "improvements" WILL NOT benefit me at all. On the contrary, my access(both physically and financially), will be very much impaired should your changes actually take place.

I hope that this legislation is re-thought to take the needs of the licensed users more seriously.

Sincerely,

[redacted]
Tor. Ont.
[redacted]
416-[redacted]

License Number [redacted]

PS One question, The most important change I would like to see would be getting more doctors to sign for the license. It took me 6 years to find a doctor to sign for me. This is an important issue for many sick people as they cannot find a doctor willing to sign for them. MMAD should send out information to every doctor in Canada regarding this program.

From: [redacted]
Reply To: [redacted]
To: [redacted]
Subject: 11-07-31-108
Date: 2011-07-31 07:31 PM

To All Our Fellow Canadians
We have finally received the letter that you mailed to us in the normal mail system during a postal strike. We realize that the Government of Canada is considering changes to the Marihuana Medical Access Program, and we along with many other Canadian Citizens Do Not agree with all of your proposed changes. We are the Canadians most affected, so please hear us.
You are correct about the complexity and length of the application process for individuals who wish to obtain an authorization to possess and/or a license to produce marihuana, it is much too long. The facts are showing that there is an ever increasing amount of participation in the Program which is weighing heavily on Canadian civil servants.
We hear the concerns of some of your stakeholders, and are truly insulted that you are insinuating that any one of our fellow Canadians who have a *possession/* production license do not try to keep our children and communities safe. My husband was a proud serving member of the Canadian Armed Forces for a quarter of a century. I still work for the federal government and we are insulted at this type of statement that you sent out. What about safety issues surrounding the homes of people who are prescribed prescription narcotics; no one seems to have an issue with that. They don't need a special license to have possession of those medications and those medications are considerably more dangerous than medical marihuana.

We are insulted that you feel that we, your fellow Canadians, are at higher risk of abuse and exploitation by criminal elements than any other Canadian in need of medical assistance and medicines; again, where is this concern for patients who use prescribed narcotics. We strongly believe that one should be able to grow their own medicine if one chooses to do so, or they designate someone else to grow for them or they can purchase from another grower the strains that best suit their medical needs and requirements.

Personal-use and designated-person production licenses should not be phased out and individuals should be able to grow marijuana for medical purposes on their own properties. Growers who do supply more than 50 patients per month should be subject to extra guidelines, Canadians who apply for a production licence should ensure the security of the marijuana at the production and storage sites. Of course the fact that Health Canada only supplies one strain of dried marijuana is pretty much the same as saying one can only ever use Aspirin and not Advil or Ibuprofen, or the use of Acetaminophen and not Tylenol, which by the way many more people have directly died from than Marijuana.
There is no evidence that medical marijuana production facilities contribute any more to public safety threats than a myriad of other permitted activities (including cooking at home, having expensive possessions, installing a hot-tub, growing tomato plants). Some of the key concerns that you listed were the potential for diversion of marijuana produced for medical purposes to the illicit market; there are far more other pharmaceutical drugs that prescriptions have been written for, i.e. Ritalin and *Dilaudid*s, and *OxyContin*s all have this problem. The risk of home invasion due to the presence of large quantities of dried marihuana or marihuana plants produced in the proper environment is very small; very few properties are ever broken into for marijuana. Remember, marijuana can and is grown in every city of every country on

every continent of this place we call planet Earth. Most people do not bother to break into someones home to steal something they can grow for free; instead, homes are broken into for other pharmaceuticals, weapons, jewellery, electronics and money.
The public safety risks, including electrical and fire hazards, stemming from the cultivation of marihuana in homes, have you ever looked at the wiring in most Canadian homes, frightening, just ask Mike Holmes. Most Canadians who have their own production license have spent thousands of dollars up front to save money down the road by paying for the proper property wiring and security, many have even built separate buildings to accommodate the production and everything.

You must think and realize that if a person is getting 5 grams a day it works out to be over $8000.00 a year in medical marijuana. To build a very large and properly wired and insulated shed/outbuilding on their own property is considerably less than the cost of paying someone else to grow it for them, the building would have paid for itself in the first year and the second year the same amount of medication would only be the cost of power and food for the garden, probably less than a $1000.00 out of pocket and more than $7000.00 saved in the pocket. The other great benefit is one can grow ones own fruit and vegetables in that same building at the same time and know exactly what is going into the plant. WIN WIN. What about our fellow Canadians who have spent thousands of dollars and often years of time setting up production facilities the proper way and finding appropriate marijuana cultivars (strains) for their condition. Those Canadians will be out of a lot time, effort and money. There are those who have to use medical marihuana whose income is limited and having a designated grower or growing their own allows them to afford their medication.
Marijuana should be treated like other medications, and the ideal would be for any Canadian Physicians, Nurse Practitioners, Physiotherapists, and Pharmacists to simply be able to fill out a script-like document for Canadians who are suffering from life-threatening or chronic medical conditions would *definitely* streamline the process for Canadians is a good idea. The determination as to whether the use of marijuana for medical purposes is appropriate for a particular individual would still be made through a discussion between a physician and a patient. Canadians should not have to submit long application forms of personal medical information to Health Canada in order to obtain an authorization to possess and produce their own marijuana.

Physicians need to know that the Canadian Courts have established that individuals who have demonstrated a medical need for marihuana have a right under the Canadian Charter of Rights and Freedoms to possess and access a legal supply of marihuana at a fair price, and in recognition of a need for a process to provide ill Canadians with access to marihuana for medical purposes, the Government introduced the Marihuana Medical Access Regulations in 2001.
There is a need for more Physicians to be less afraid to write on paper that the benefits of the use of Marijuana for medical purposes for their patients is wonderful and beneficial. They are afraid and extremely uncomfortable because it is an illegal drug in the eyes of the Canadian Government. We have been personally told by Physicians that they do not feel comfortable prescribing Marijuana for medical purposes because it is an illegal drug, but they would prescribe any other legal pharmaceutical drug, which usually comes with many, many side effects, including some life threatening but, do not worry for they can then prescribed other pharmaceuticals that may be able to help counter those side effects of which this other drug has several side effect as well. Remember, they do not feel comfortable prescribing Marijuana for medical purposes because it is classified as an illegal drug but with no truly proven terrible side effects.

There are possible health and safety risks in Canadian homes, including electrical and fire hazards and the presence of excess mold and poor air quality, and the list goes on, but these risks are in almost all Canadian homes that have no association with the cultivation of marihuana plants. Once again we are truly insulted that some of our fellow Canadians would assume that other Canadians would willingly put themselves in that kind of danger. We are adults and should be able to make decisions about our lives and how we choose to live them within the law.

Patient Identification:

Authorized medical marijuana patients from across Canada report that local police often fail to recognize current medical marijuana authorization identification, detaining and even arresting patients and often illegally seizing their medication. The proposal to remove any formal identification for patients will only lead to more unlawful detention of patients by local police. Any changes to the Health Canada medical marijuana program must include patient identification and education programs to ensure police do not continue to unlawfully detain authorized patients.

For profit production:

The proposal by Health Canada to only allow medical marijuana to be produced for profit by an oligopolistic group of license holders, at a price point those producers set, will be a disaster for patient access in Canada. Not only will patients be unable to acquire strains they have bred specifically for their symptoms, but they will be subject to exorbitant increases in price, especially for patients who require large dosages that will result in an inability to access medication. The current holder of the Health Canada commercial production license has failed to create an adequate supply for Canadians. Patients report low quality, low efficacy, high prices and ineffective medical quality. There is simply no reason to believe that expanding the system of commercial production, based on current Health Canada requirements will result in any positive changes to patient access. Any changes to the Health Canada medical marijuana program must include alternatives to a purely profit driven system of production.

Medical Marijuana Dispensaries:

The current proposals by Health Canada do nothing to address the court sanctioned yet unlicensed system of medical marijuana dispensaries in Canada. These Dispensaries serve several times more patients than the current Health Canada program, and patients report much higher satisfaction with dispensary services. Any changes to the Health Canada program must include licensing the existing network of dispensaries.

The proposals by Health Canada constitute less than a bad faith response to court orders, they represent outright defiance. The current proposals do not meet the needs of medical marijuana patients in Canada, and will result in a further restriction of patient access to medical marijuana. I call upon Health Canada to return to the drawing board and come up with a program designed to succeed, not fail. I call on Health Canada to honor the spirit and intent of court rulings and create a meaningful system of workable access for medical marijuana.

If you have any questions, please contact via email first so as we can arrange to have a proper call back conversation time. [redacted]@yahoo.ca 1-506[redacted]

The Words of Your Fellow Canadians

[redacted]

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-110consultation response
Date: 2011-07-31 07:27 PM

To Whom it may concern,

Thank you for this opportunity to comment on the proposed "improvements" to the Medical Marijuana Access Regulations as listed on Health Canada's website .

I am chair of [redacted] a registered non-profit organization, advocating and lobbying for the rights of medicinal cannabis patients, cultivators and distributors including compassion clubs and societies, particularly in Atlantic Canada

Although a proponent of making changes in the current program allowing for increased physician support, [redacted] is concerned about the plans to phase out Personal and designated production licenses. We have heard from scores of patients who grow their own medicine and who desire to maintain this right for one of two reasons.

Some patients have spent years developing the exact strain to treat their disease/condition and do not wish to loose access to this valuable medicine. Although the consultation documentation mentions availability of more than one strain, strain preservation is not given consideration.

Furthermore most patients, due to health reasons live on low, fixed income and cannot afford to purchase their medicine. From an economic perspective it is much cheaper to grow your own medicine than to purchase it from another source.

It would seem on one hand that Health Canada is endeavouring to set up the appearance of making things easier for patients to enroll in the program, but this will be an absolute disaster for the patient who cannot afford to purchase their medicine from any of the silenced suppliers. Many of these patients will end up being sent to jail for cultivating their own medicine if the proposed change to pull personal and designated production licenses is allowed to move forward.

[redacted]
Chair, [redacted]

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-141proposed improvements comments
Date: 2011-07-31 05:07 PM

July 31, 2011

This proposal does not seem to meet the needs of licensed Canadians with any assurance of medical privacy, regulation of costs to patient,or consideration for those patients who currently have purchased equipment, secured facilities/gardens and who have done all of this without tax relief or consideration of their incurred financial costs.

The challenge for patients will be for doctors to prescribe to patients.Insurance companies have already been involved in restricting access to patients by telling doctors not to prescribe. My wife was asked to sign a release form so that she would not go back on the doctor in a lawsuit if I had complications resulting from this product, as requested by an insurance company. I have had doctor's tell me their insurance would not cover them if they prescribed the medication.
Additionally I have experienced the unexpected retirement of my family doctor. I live in an underserviced area where doctors interview their patients before taking them on their patient case load. I went 2 years with no medications of any kind, unable to get er doctors or clinics to prescribe even though well documented and paperwork in hand,and I feel that the types of medication I am prescribed and the disability I live with compromise me in getting adequate medical service already.

Medical privacy is between a doctor and the patient, and pharmacists are involved as to the distribution of the regularly prescribed medications and/or Health Canada in the case of marihuana. By involving private growers there is no assurance of confidentiality for the patient. It is already difficult to get information to appropriate medical people. Specifically what information will need to be shared and how will this information be given/provided to growers? What is there in place to secure health information from being sold or shared between growers? You are involving many more people knowing who has product,(growers, visa or bank personnel, couriers etc.), their location, their quantity, when they receive it and so the risk increases to that household for theft, home invasion.
How do you solve the loss of the product if it goes missing, as we have seen recently with Canada Post even secure information is lost; how many people with breast cancer results were compromised by postal services? Who would be believed if the product was insufficient in quantity or went missing? The medical community does not appear to believe people who are on restricted drug treatments; even hospital personnel and pharmacists treat them badly.

What if they distribute a lessor quality of product will the consumer have recourse? What if they provide the wrong product? Many patients have learned over time the strain of marihuana most suited to their condition. Will growers post that information on Heath Canada website?

Costs for those most vulnerable will increase. How will escalating costs be controlled? As it looks presently this is just a legalized form of drug dealing for profit. Will insurance plans cover it? Will it be a tax deduction, because that is not enough financial support. If for example I use 5 grams/day that would mean my CPP income would go to pay for my medication leaving nothing for living costs like shelter, food. It would be more than I make in a year. If you are on CPP or provincial financial supports as many patients are, how will the consumer be able to afford the product? If costs are prohibitive or considerations are not made by insurance companies, provincial and federal income security programs, then I am sure Health Canada will face another legal action because it has made a formerly affordable, growable product unavailable to the patient. And who will the growers be? their background will it be for example business people wanting to make money, ex bikers who know how to grow it, or people like those who run the mines and do not seem to produce adequate product? I have had the option of producing my own product since being licensed under section 56 , since approximately 2000, and have not had any issues about security or safety. I have been able to ensure the safety and privacy for me and my family, people in my community do not know about my access and I would like to keep it that way. I was able to keep this private from my children during their teen years.In a large city you may have some confidentiality but in rural Canada everyone knows everyone, confidentiality is broken easily and then everyone knows your business.

As to the legality of the product being validated by the packaging you have clearly not thought through empty packaging being sold/used by others than those intended. Who cannot pass on/copy a package? How will safe disposal be ensured? Will the garbage collectors now know in addition to all of the others already involved in this process?

I would like to offer some suggestions for your consideration:
continue allowing private patients to grow their own and other's medication; if they are interested in growing for others this could be handled through the prescribing physician's office with your approval or
allow private growers to post on Health Canada or have HC refer them to you after you are bonded etc.;
continue to allow family physicians to prescribe without the need for a specialist; include nurse-practitioners as part of the prescribing team;

lengthen the time for licence renewal from 1 to 5 years;
continue with the photo id card;
take more time for consultation, meet with some people for a forum so you actually know what is wanted and needed;
get more research new studies need to be done;
listen to what people are sharing with you, and do not go the way of the states where it is in chaos.

People who grow their own product do so because it fits their needs and resources. OPP know who those people are in their community. Do not make this process more invasive and less
accountable/private than it is already. The problem is not with the legitimate grower it is with the criminal element and this will continue even with your proposed changes. You do not now have control over where it is sold, to whom, nor will that improve with these amendments. Perhaps the decriminalization and legalization may be a consideration for the government to make. That would remove many of the issues faced.

I would be pleased to discuss my comments with you.
Respectfully submitted,

[redacted]
(519)[redacted]

From: [redacted]
Reply To: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-149Medicinal Marihuana Consultation Comment
Date: 2011-07-31 04:33 PM

Dear Sir/Madam
It is with some concern that I have read about the proposed changes to the MMAP. While I am in complete concurrence with the rationale behind the proposed changes, (those being ensuring the safety of our communities and children by eliminating the abuse and/or exploitation of the current system by possible criminal elements or any unsafe production facilities), the outlined Health Canada proposal does not – in my opinion – adequately address or eliminate those concerns.
While I cannot speak for other people within the medical marihuana community, I can relate to you my personal story. Over 25 years ago I was involved in a serious car accident. This accident severely impacted my quality of life, reducing my mobility and leaving me with chronic back problems. Neither multiple cocktails of federally approved prescription drugs, nor back surgery, were able to correct the problem or alleviate my pain. In consult with my personal medical practitioner, I began to review the possibility of alternate solutions to address my ongoing suffering. That solution, for me, was the use of medical marihuana. After going through a lengthy approval process, I was granted a personal-use production license approximately 5 years ago. This license has changed my life. The chronic back pain that plagued me since the day of my accident was finally held at bay. Where 20 years of surgery and conventionally accepted pharmaceuticals failed, medical marihuana succeeded. I was once again able to enjoy a quality of life that I sincerely thought had been lost to me forever. I could work, I could become active in the life of my children, in short – I was once again able to contribute to society. Simply put, life was once again enjoyable for me. Medical marihuana allowed me to effectively manage and deal with my pain, while the MMAP provided me with a ready supply of medical marihuana whose quality and availability I controlled.
The proposed MMAP changes now threaten that. While I understand the need for adequate controls and safety protocols for the cultivation of medical marihuana (and rightly so considering it is a controlled substance in Canada), I have serious concerns about the proposed elimination of personal-use production licenses and the creation of larger scale commercial production facilities to replace same.
My reservations are simply this: cost, availability, and quality.
Dealing with the cost issue firstly: while I remain gainfully employed, I am no longer able to contribute to my employer on a full time basis (I maintain a labour intensive manufacturing job). Given my condition, I am only able to work on a part week basis, which has in turn reduced my disposable income. The permissions granted to me – as an MMAP license holder – has allowed me to produce my own medical marihuana, thereby allowing me to manage and control the costs for same. As someone on a fixed income, this issue is of paramount importance to me. As it currently stands, I am able to grow my own product at nominal costs to me. With the potential creation of commercial production facilities, this cost control will be lost to me. By the proposal's own admission, an approved production facility will set its own prices. This possibility is very unsettling. If this change is implemented, I will be forced to procure my medical marihuana from an approved facility – and at whatever cost that facility sets. While these costs cannot yet be known, a business – by definition – exists to generate a profit for its shareholders. I find it very hard to accept that procuring product from an approved third party provider will be at comparable cost to what I now pay.

My second concern is one of availability. Again, by the proposal's own admission, an approved facility will be located in a non-residential area, and medical marihuana may only be forwarded to me via bonded courier or registered mail (and I will assume at my own expense). As someone who lives in a rural area – this is of grave concern. How long will it take from the time I place an order to receipt of my medical marihuana? Do the bonded couriers the proposal references offer services in my area? What happens in inclement weather? What happens if I am not at home when the delivery arrives? Will I be forced to sign for these deliveries? Assuming so, this would greatly reduce my windows for receiving my medication (given my commute sees me away from my home from 7am – 6pm Monday through Thursday). Have any of these issues been considered? The complete failure of the current proposal to address any of these areas has me worried that the ready availability of medical marihuana to me will be negatively affected. Any delay or interruption in the supply of my medication would in turn have an immediate – and detrimental – impact on my quality of life.

My last concern is one of quality. In the course of my cultivation, I am very sensitive to avoid the use of any unneeded chemicals/fertilizers – even those that are legally allowed to be used in the production process. By the Health Canada proposal, once production is off loaded to commercial farms, this control will too be lost to me. While I understand that any potential commercial operation will be subject to stringent production guidelines, they will likely utilize acceptable chemicals to enhance and/or increase their yields. As I previously noted, a business exists for the purpose of generating a return for its shareholders – and a greater yield (achieved by the use of chemicals) will forward that goal. Thus I will be forced to ingest chemicals that I would otherwise avoid.

However, the above noted issues are my specific concerns. Beyond my own personal reasons for being skeptical of the proposed changes to the MMAP, I wonder about the impacts these alterations will have on others. While I am able to continue working – albeit at a reduced level – others are not as fortunate as I. As an example, how is a terminal cancer patient supposed to able to afford the costs of buying medical marihuana vs. growing a plant in their window? Does it seem appropriate that someone in this situation be forced to rely on an unknown, outside, third party provider, for their relief medication, and at an increased cost?

While I completely understand and agree with this proposal's intent – that cultivation of medical marihuana should be safe, controlled and monitored – I aver that these goals can all be achieved without the creation of "commercial farms" and the elimination of personal production licenses. They can be achieved without increasing costs to seriously ill individuals. They can be achieved without causing great inconvenience for any sufferers who reside in a rural setting. They can be achieved without the creation of a government sponsored monopoly.

If safety is a concern, why not have Health Canada provide approved specifications for the creation of a home based medical marihuana production facility? In concert with fire and building authorities, can specific guidelines/regulations not be established to ensure appropriate electrical/ventilation installations? Is it not possible that inspections be done upon completion of a home based facility to ensure those specifications were adhered to? Would this not alleviate fire/community concerns?

If the diversion of medical marihuana to criminal elements is a concern, would it not be reasonable to suggest that a home based producer be subjected to the same record keeping policies as a commercial farm? I do not understand why any stakeholders would think that small amounts of medical marihuana produced in a licensed personal residence (and for the exclusive use of the person who needs it) is more likely to be diverted to a criminal enterprise than mass quantities of medical marihuana produced by a 3rd party business. Wouldn't a business have access to a significantly higher volume of marihuana (grown in a

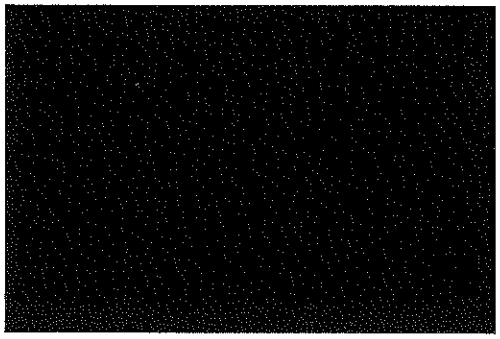
non-residential location) and a greater financial motivation to consider illicit activities than an individual sufferer?

In the end, I can only implore you to reconsider the changes this proposal outlines. If safety is a concern, then I welcome you into my home. Inspect my electrical and venting connections; feel free to register me with my local law enforcement agencies as an approved personal use producer; subject my production facility to ensure it remains safe for both me and residents of the community in which I live.

To conclude, I look forward to the day when a new medical option will be available to me to remedy my ailments. However, until that day arrives, I can only plead to you to *not* revoke my personal production license. Please, do not take away my quality of life.

Sincerely,

[redacted]



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

Our Group has compiled this list of the strains of Medicinal Cannabis we have found most effective for each symptom:

(Afghanica) Nausea, pain

(Afghani) Insomnia, social awareness, emotional wellbeing

(Afghanis x Haze) PMS

(Afgooy) Nausea, pain

(AK-47) Pain, nausea, depression, insomnia, headache, day dreaming, anti stress

(Alien Train Wreck) Asthma

(Apollo 13) Back pain

(Auntie Em) Crohn's Disease, MS

(Aurora B) Nausea, joint pain, arthritis

(Berry-Bolt) Insomnia, joint pain

(Big Bang) Anxiety – highly energetic effect

(Big Kahuna) Herniated disc pain, arthritis

(Black on Blue Widow) HIV, back pain

(Blackberry) Digestive disorders

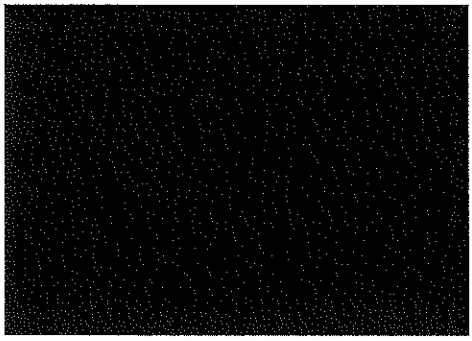
(Black Domina) Insomnia: Social Awareness, Emotional Stability, Digestive Disorders. Great daytime medication

(Black Vietnamese) Nausea, muscle spasms, pain

(Blueberry) Joint and muscle pain, Nausea, Diarrhea & Cramping (including Menstrual), Insomnia, Social Awareness, Emotional Stability

(Blue Fruit) Crohn's Disease, muscle spasms

(Blue Moonshine) Anxiety, depression, insomnia



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(Blue Satellite x Jack Herer) Depression, nausea

(Blue Satellite) Pain, nausea, insomnia, anxiety, muscle tension

(Blueberry) Nausea, insomnia, pain

(Blueberry Kush) Medium pain control, Medium body effect, STRONG sleep inducer

(Bog Sour Bubble) Pain, anxiety

(Bonzo Bud) Body pain, migraine

(Budacolumbia) Nausea

(Burmaberry) Migraine, depression

(Burmese Kush) Anxiety, depression

(C99 x Great White Shark) Anxiety

(Cali-O) Nausea

(Catalyst) PMS, Anxiety and Depression

(Cinderella 99) Nausea

(CIT) Pain, nausea, insomnia

(Citral) Insomnia

(Cripple Creek) Ankylosing Spondilitis, Hepatitis C, Degenerative Disc Disease, IBS, Interstitial Cystitis, Chronic Rotator Cuff Disease

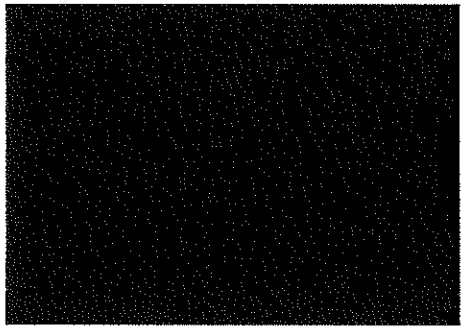
(Deep Chunk) Joint pain, insomnia

(Dynamite) Asthma, Crohn's Disease, Hepatitis C

(NYC Sour Diesel) Edema, epilepsy, fibromyalgia, radiculopathy

(El Nino) Nausea, insomnia

(Endless Sky) Great medicinal strain, good body effect, very relaxing



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(Fieldale Haze) Anxiety, back pain

(Fig Widow) Back pain, psychosis

(Firecracker) Anxiety, depression, nausea

(G13 x HP) Nausea, joint pain, insomnia

(G-13) Depression, pain, ADD, ADHD

(Grapefruit) Arthritis, Hepatitis C, pain, nausea

(Green Queen) Epilepsy, neck/spine pain

(Green Spirit x Timewarp x Herijuana) RLS, insomnia, migraine, joint pain

(Green Spirit) Nausea, headache, body pain

(Hashplant) Chronic pain

(Herijuana x Trainwreck) Diabetic neuropathy, joint pain, insomnia, MS

(Herijuana) Pain, nausea, insomnia

(Hindu Kush) Social anxiety

(Ice Princess x Bubblegum) Migraine

(Jack Herer) Anxiety, fibromyalgia

(Jean Guy) Neuropathic pain, fatigue

(Juicy Fruit) Insomnia, joint pain, anxiety

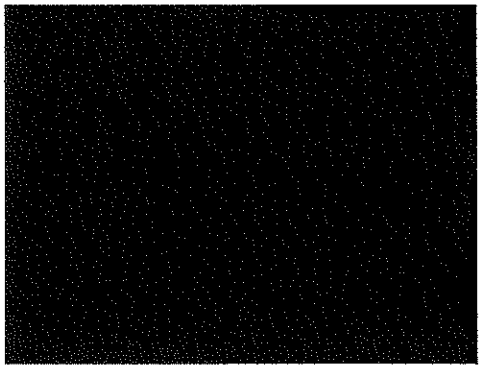
(Kali Mist) Nausea, depression

(Kal-X) Body pain

(Kemo) Muscle spasm

(Killer Queen) Depression, back pain

(Krinkle x Kush x Freezeland) MS muscle spasms



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(Leda Uno) Insomnia

(Legends Ultimate Indica x Herijuana) Muscle spasms, pain

(Legends Ultimate Indica) Insomnia, IBS

(Lemon Chemo) Insomnia, back pain, migraine

(Lemon Haze) RLS, chronic fatigue

(Lifesaver) Nausea, headache, pain, insomnia

(Lollipop) Cachexia, degenerative bone/disc disease, edema, general pain, general seizures, glaucoma, migraine, MS, nausea, Post-Traumatic Stress Disorder

(Lowryder) Nausea, pain, headache

(LSD) Nausea, anxiety, depression, headache

(M-39) Depression, bodily relaxation, cramps and nausea, excellent anti-anxiety

(Magic Crystal) Migraine, PMS, depression, SADS, mania, nausea

(Mango x Northern Lights # 5) Pain, nausea, insomnia, anxiety

(Mango) Back pain, nausea

(Mango Kush) Pain, Insomnia, Very relaxing. Great for the end of the day.

(Mango+Durban cross) Pain, depression, induces hunger

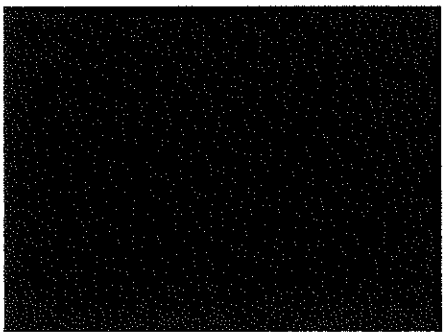
(Masterkush) Nausea

(Medicine Man) Excellent for neuropathic pain, anti-anxiety/mood elevation

(Medicine Woman) Diabetic neuropathy, general pain, general seizures, glaucoma, Hepatitis C, muscle spasms, nausea, radiculopathy

(Misty) Hepatitis C, back pain, insomnia, nausea

(Motarebel Oguana Kush) Nerve Pain, muscle spasms, back pain, headache, insomnia



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(Mountainberry) Insomnia, migraine, pain

(Nirvana papaya) Excellent for insomnia

(Nirvana White Rhino) Chronic pain, induces hunger

(Nirvana northern light x big bud) Pain, stress, anxiety, fatigue (assists with Chemo therapy)

(Nevles Haze) Psychiatric conditions, mood, and anxiety.

(New York City Diesel) Pain

(Northern Lights # 1) Arthritis

(Northern Lights # 2) Nausea, insomnia

(Northern Lights x Jamaican) Arthritis

(Northern Lights x Cinderella 99) Depression

(Northern Lights x Shiva) Body pain, back pain, toothache

(Northern Lights) Anxiety, radiculopathy, insomnia

(Northernberry) Pain

(Oregon 90) Insomnia, joint pain, RLS, pain, nausea

(Original Mystic) Epilepsy

(Peak 19) EXTREMELY STRONG – use sparingly

(Phaght Betty) Cachexia, degenerative bone/disc disease, Post-Traumatic Stress Disorder

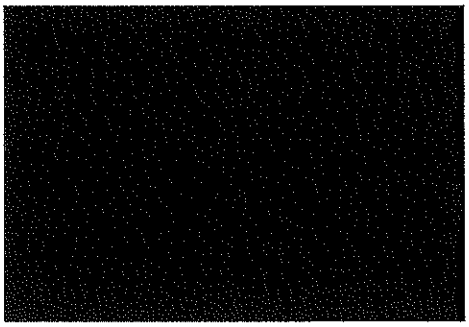
(Power Plant) Energetic pain management

(Purple Kush) Nausea, stress, anxiety

(Queen Bee) Neck/spine pain

(Romulan) Insomnia, pain, depression, muscle spasm, induces hunger

(RomSpice) Excellent for pain



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(Sensi Star) Migraine, muscle pain, nausea

(Shiskaberry x Dutch Treat) Migraine, anxiety, insomnia, nausea

(Shiskaberry x Hash Plant) Anxiety, nausea

(Shiva) Anxiety

(Silver Haze) Excellent for pain, RLS and arthritic spinal problems

(Skunk # 1) Nausea, anxiety, pain

(Slow train) Pain

(Snow White) PMS

(Sour cream) Insomnia, joint pain, nausea

(Sour Diesel) Migraine, anxiety

(Stardust 13) Pain, nausea, insomnia

(Strawberry Cough) Back pain, depression

(Super Impact x AK-47) Pain, insomnia

(Super Impact) Nausea, insomnia, muscle pain, depression, anxiety, SADS, mania

(Super Thai) Depression

(Sweet Blue) Degenerative bone/disc disease, diabetic neuropathy, edema, fibromyalgia, muscle spasms, nausea, neck/spine pain

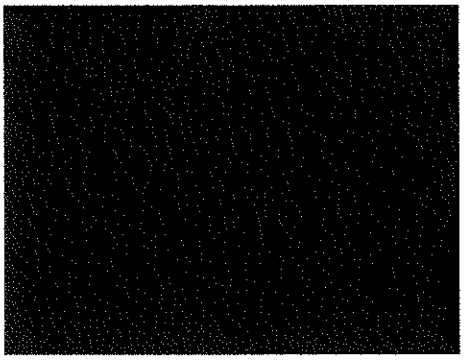
(Sweet Tooth # 3) Depression

(Thai Stick) Depression, fatigue

(Trainwreck) Anxiety, arthritis, diabetic neuropathy, depression, pain, induces hunger

(Trainwreck x Herijuana) Nausea

(TW x LUI) Arthritis, nausea



APPENDIX A: STRAINS FOR PAINS

A Compilation by [redacted]

(TX) Arthritis, asthma, general pain, general seizures, glaucoma, MS

(Ultra Green) Insomnia

(Wakeford) Anxiety, nausea, insomnia

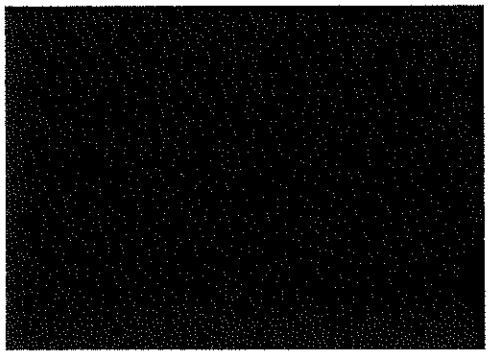
(William's Wonder) Insomnia, Social Awareness, Emotional Stability

(White Rhino - aka Medicine Man) Body pain, back pain, joint pain, insomnia

(White Russian - AK-47 x White Widow) Pain, insomnia

(White Widow x Big Bud) Depression

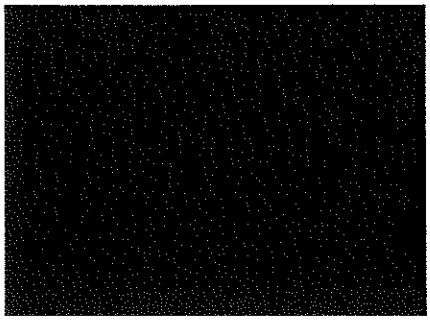
(White Widow) Cachexia, Hepatitis C, Post-Traumatic Stress Disorder



APPENDIX B: DRUGS WE HAVE REPLACED WITH CANNABIS

Members of our Group have been able to DETOX FROM and/or REPLACE every one of these with Medicinal Cannabis:

1. Acetylsalicilic acid
2. Acetaminphin
3. Advair
4. Alcohol
5. Amitriptyline
6. Asaphen E.C.
7. Baclofen
8. Catheter
9. Celebrex
10. Cesamet
11. Cimetidine
12. Clonazepam
13. Clonazepam
14. Cocaine
15. Codeine
16. Dilaudid
17. Diprolene
18. Docusate
19. Effexor
20. Effexor Xr
21. Elavil
22. Elmiron
23. Endocet
24. Euro-Senna
25. Fenatyl patch
26. Ferrous Sulfate
27. Flexeril
28. Gabapentin
29. Heroin
30. Ibuprofen
31. Infufer
32. Lactulose
33. Lamotrigine
34. Lorazepam
35. Lyrica
36. M-Eslon
37. Methadone
38. Misoprostol
39. Methamphetamines
40. Methylphenidate
41. Misoprostol
42. Naproxen
43. Neutrogena T gel
44. Nicoderm
45. Novo-Gesic
46. Oxazepam
47. Oxycocet
48. Oxycontin
49. Pamax
50. Pennsaid
51. Percoset
52. Phenergan
53. Prozac
54. Rabeprazole
55. Ralivia
56. Ranitidine
57. Rivotril
58. Senokot
59. Seroquel
60. Singulair
61. Statex
62. Tagamet
63. Teva-Venlaflaxine XR
64. Tobacco
65. Topamax
66. Triazolam
67. Viagra
68. Xanax
69. Zofran
70. *Addictions withdrawal*

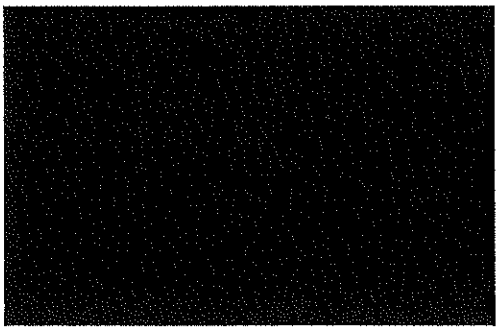


APPENDIX C: FLAWS OF THE MMAR

On the grounds of the Charter of Rights and Freedoms - Article 7: Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

On the grounds of the Charter of Rights and Freedoms - Article 12: Everyone has the right not to be subjected to any cruel or unusual treatment or punishment.

1. Section 32(e) for limiting exemptees per gardener;
2. Section 32(d) for limiting gardeners per site;
3. S.65(1) for forcing destruction when renewal is late
4. For allowing almost majority of doctors to opt out;
5. For delays in application processing;
6. For delays in renewal and amendment processing;
7. Late renewals are even dated late (arbitrary) and not even valid until 2 weeks after;
8. For inability to exempt Canada's 400,000 epileptics;
9. For failure to provide a Drug Identification Number (DIN) to enable financial support as for any other medication;
10. For compelling yearly renewals for permanently ill;
11. For harassing doctors on dosages;
12. For long delays in getting grower RCMP documentation;
13. For not having any measure of leeway in production;
14. Five million Canadians without doctors have no chance;
15. No respite from gardening chores, should delegate;
16. Exempted must leave home with "storage amount" for no family threat;
17. Excess info on card should stay at home;
18. Rejection of application tactics;
19. Can't revoke DG without his permission until expiry;
20. Need cash to get doctor to sign exemption;
21. Insecure mail: Should have signature-required;
22. Doctor's visit for exemption application not covered;
23. No access to different strains;
24. Loss of other life-support by waste on pharmaceuticals;
25. Lack of policy for vaporizers in hospitals;
26. Violation of privacy due to ineptitude of employees (ie: leaked information on MMAR Exemptees);
27. Inconsistent application of policies & procedures;
28. Additional loss of health due to stress from all these impositions.
29. Law: Health Canada?MMAD's refusal/unwillingness to amend changes in dosage (B1/2), is a violation of the law;
30. Inflated street drug prices driven by prohibition cause danger to Exemptee Patients;
31. Absence of authorization/regulation of Compassion Clubs / Dispensaries;
32. Failure of HC/MMAD/PPS to recognize SATIVA strainsand all blended strains, and dosing differences; and the inherent plant-production statistics when Authorizing # of plants/production-per-plant, and;
33. For not allowing the conversion of cannabis to hash or oil, allowing patients alternate dosing / removing impurities;



APPENDIX C: FLAWS OF THE MMAR

34. Health Canada spending time calling doctors to challenge them on the dosages being too high and wanting everyone to be brought down to their Health Canada Pharmacist's-recommended 5 grams for everyone;
35. Patients and growers having to take up to 6 months before they get the required info to apply as a grower and then the Health Canada wait;
36. Patients on fixed incomes can not access the program due to it's high costs which would leave them with a choice of pain or paying their bills;
37. Patients and Designated Grower's are forced to grow and/or store on only one desgnated property, offering no protection for the patient's medicine;
38. Since every strain of Sativa, Indica, Ruderalis, and all Hybrids created therefrom (and there are HUNDREDS!), produce different yields per plant, the "number of plants" restriction is arbitrary, and has no basis in fact unless patients grow the SINGLE strain offered by "Health Canada", which has **proven to be of little value to most medical cannabis patients;**
39. Since every person who grows their own medicinal cannabis is not necessarily a professional-level horticulturist, "per plant" yields are not in any way assured, and as such, "number of plants" is completely arbitrary:

    a) - No allowance for crop regeneration via rooted cuttings or seedlings is made to allow for continuity of growth and a regular, predictable, genetically and mediocally (i.e: cannabinoid ratios and overall content percentages) consistent supply;

    b) A fresh plant cutting without any roots, a rooted cutting, or a seedling which will not produce medicinal materials for 6-9 months is still considered "a plant";

    c) A "mother plant" grown solely for the creation of rooted cuttings, which will NEVER be grown to maturity, and thus, will NEVER produce medicinally useful material, is also considered "a plant" under the current regulations;

40. Since different growing methods result in different yields, the "number of plants" is a completely arbitrary figure, unless patients are provided with all equipment required, and complete training courses in how to grow every plant to a minimum yield per plant, regardless of strain, at a professional level;
41. The selection by Health Canada/PPS of a single hybrid strain of cannabis, predominantly indica, removes the ability of an individual with specific conditions that respond better to other strains, is akin to your doctor and/or pharmacist saying "Flu? Take two aspirin. Meningitis? Take two aspirin. Herpes? Take two aspirin. Cancer? Take two aspirin. Car accident? Take two aspirin and call your insurance broker. Any other condition or injury? Take two aspirin. Dead? Take two aspirin."

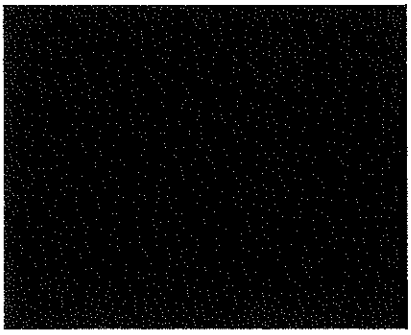
    Since it is widely known that some cannabis strains work well for some people and not as well for others, and different conditions, diseases or syndromes are affected in different ways by the differing cannainoid profile of specific strains, but not others, and it is also known that different people have higher or lower tolerances, greater or lesser medicinal need, the single strain selected by Health Canada/PPS seems to be deliberately designed to limit the potential range of applications, rather than

APPENDIX C: FLAWS OF THE MMAR

addressing the widest range of conditions with the greatest number of potential options; the exact opposite of the pharmaceutical model.

42. The exclusion of non-smoked cannabis for medical use signifies that Health Canada ONLY allows the least medicinally beneficial method of cannabis intake. This goes against all scientific and medical evidence, as well as whosing ...that the ultimate goal of the regulations is not "to promote the health of Canadians" but to "satisfy the absolute minimum legal requirements to trick the court into beliving the regulations are within constitutional bounds."
    Cannabis extracts, concentrates, tinctures, ointments and other preparations were known to have medicinal benefits more than a century ago, yet are deliberately denied today, despite the historical medical evidence in favour of them.
    Denying the most medicinally beneficial means of cannabinoid delivery deliberately limits medicinal benefits.
43. Health Canada does not interact with local law-enforcement in ways that will protect both our privacy and our safety. The illegality of marijuana for non-authorized persons causes us to constantly act in ways that will maintain our privacy in larger society. We experience home invasions and theft. We also experience police raids as the public is encouraged to report what they think might be an illegal grow-op or simple possession;
    Local police officers are often not even aware that these laws exist. Their superiors often refuse to educate officers in the MMAR. Our licenses do not stop them at the door. If we are suspected of growing or possessing marijuana, we are treated in the same way as criminals;
44. HC/MMAD should notify ATP holders when their paperwork is due to be submitted;
45. HC/MMAD should send out a mailing to all patients/growers whenever the MMAR is updated;
46. No sentencing guidelines and maximum or minimum sentences are listed in the CDSA or MMAR for people who fail to follow the rules and regulations listed in the MMAR;
47. Failure by Health Canada to protect exemptees from prosecution:
    a. Advised patient(s) on at least one occasion not to destroy their marijuana as the renewal was late. To police and the federal prosecutor, the exemptee could have been seen as in violation of 4(1), 5(2) and 7(1);
    b. Failing to return phone calls to advise exemptees of their rights;
48. Discriminating against DGs and failing to allow skilled growers based on their criminal past could mean failing to allow some of the best in the business to help provide the best meds. People with criminal records could have been convicted of cultivation, and their experience growing makes them a prime candidate as a designated grower;
49. Everyone is "medical". The reason anyone chooses to medicate, or use recreationally, relates directly back to medicinal. Health Canada and the MMAR fail to recognize this:
    a. To relax and relieve stress;
    b. To want to feel good is to relieve depression and a preventative measure - happiness leads to better health (there have been studies to prove this);

50. Health Canada was never enacted through the proper channels by Parliament as it was ordered in R v. Parker, POL-COA. The Program is one Big flaw after the other - forcing sick and dying Canadians into a program that causes possible traumatic, debilitating and life- threatening outcomes;
51. If the patient has consistent access to supply regardless of potency strain source of supply etc then a tolerance exists. As soon as there is a break in the access, tolerance to the "high" is lost;



APPENDIX C: FLAWS OF THE MMAR

52. If a patient grows their own cannabis, and they submit their renewal but it doesn't get processed in time, a patient who follows the rules and destroys their crop means they also are not able to medicate (cause they are following the rules or have no other access) and their tolerance is lost. Once they can again grow or access cannabis their tolerance needs to be built back up again. If the "high" is not one of the medical benefits then the undesired side effect is a direct result of HC's actions;
53. Because of Health Canada/MMAD/PPS's inability to supply appropriate strains and lack of trained growers there is no guarantee that potency between batches won't vary and cause an unwanted 'high' or spike;
54. The stigma surrounding medical marijuana has not been addressed by Health Canada. This stigma reflects directly on exemptees, and in some cases may result in additional psychological and/or health issues on top of what the Exemptee was initially granted;
55. Creating the cottage industry of "medical professionals" who are profiteering on the backs of the sick;
56. Failure to educate the Law Enforcement Community about our medicine, our Exemptions, our LEGALITY, and our Rights;

From: [redacted]
To: ocs-bsc@hc-sc.gc.ca; consultations-marihuana@hc.-sc.gc.ca
Cc: [redacted].
Subject: 11-07-31-171MARIHUANA CONSULTATIONS
Date: 2011-07-31 02:43 PM
Attachments: STRAINS FOR PAINS.docx
DRUGS WE HAVE REPLACED WITH CANNABIS.docx
FLAWS OF THE MMAR.docx

Mme. Jeannine R. Ritchot
Director
Bureau of Medical Cannabis
Office of Controlled Substances
Controlled Substances and Tobacco Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

Mme. Ritchot,

We are the [redacted], a group of over 500 MMAR Exempted patients that was formed in November of 2010. Our mandate is to advocate on our behalf and lobby the Canadian government, physicians, and you for the needed changes to the MMAP.

We are writing to you with intent to attempt to identify potential issues concerning the proposed changes to MMAR, as you have requested. We greatly appreciate your consideration of our opinions and concerns.

Firstly, we appreciate that Health Canada will no longer be receiving applications thereby hopefully eliminating unwarranted wait times for a prescription. We also agree that the use of medicinal cannabis should be a choice between physician and patient. Furthermore, we would like to commend you for planning to eliminate the categories of patients in the MMAR program.

However, we disagree with proposed changes that eliminate production licenses. This is a costly medication without a DIN as of yet and many people simply cannot afford to pay street prices for their medication. By creating a system of dependence on licensed companies, you also will be creating a monopoly on the prices of medication. Many dispensaries charge $8 to $15 a gram, on a 210 gram/month Exemption that would be no less than $1,680, which nobody can afford on benefits of $900 a month, which is the average income for many, if not most, of us. The provision for personal production licenses is therefore a necessity. In light of this, in creating a monopoly, we foresee that there may be no competition in pricing. This could create an undue strain on prices due to supply and demand. Therefore we see it as an integral part of the MMAR program to both allow personal production and designated growers, and strongly disagree that phasing out personal production licenses and designated growers will be of any benefit to the patient.

It is helpful if licensed commercial growers can allow patients to choose the strain that they desire, however this is not always the case. There are many strains of cannabis used by individual patients, as you can see by the attached Appendix A: Strains for Pains. This inclusion is a 7 page compilation of 134 different strains of Cannabis that only the 500+ members of our Group have found to be most efficacious for which symptoms. It is clearly not feasible to expect that any small number of licensed commercial producers could ever meet the individual needs of all patients.

As for the regulatory requirements, we as patients need to know the regulatory requirements mentioned in sections three and four of the proposed changes, as well as the inspection

requirements, to further examine quality issues with licensed production.

Also, we find the need of Health Canada and the legislators of CDSA law to come together and reach a black and white solution to the endless unwarranted prosecution of legitimate cannabis patients. Unfettered access to this amazing natural plant has allowed thousands of people to detoxify themselves from, and replace, many dangerously addictive and costly chemical pharmaceuticals that are responsible for citizen DEATHS on a regular basis. Please refer to Appendix B: Drugs Replaced with Medicinal Cannabis. Again, this compilation reflects the personal medicinal triumphs of our Group

In closing, we would like to point out that the MMAR program was found unconstitutional not for the lack of a legal source of marijuana, but that patients have rights to autonomy concerning their health. By taking away their autonomy, you once again make the program unconstitutional. We believe the program to currently be unconstitutional, as outlined in Appendix C: Flaws of the MMAR. If it is truly a priority to improve this program, we suggest the review of the flaws we have defined. Only until each of these issues is addressed would we, as patients, be pleased to offer our support of any "proposed changes" to the MMAP.

Thank you for your time and consideration.

Sincerely,

[redacted]

Attachments:
Appendix A: Strains for Pains
Appendix B: Drugs Replaced with Medicinal Cannabis
Appendix C: Flaws of the MMAR

CC/FORWARD TO:

[redacted]

From: [redacted]
Reply To: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-228Don't punish patients!!!!!!
Date: 2011-07-31 02:07 AM

Dear Marihuana Consultations,

I am writing to express my opinions on the proposed changes to Health Canada's Marihuana Medical Access Program. The use of the term changes in subsitution for your term "improvements" is deliberate and well considered after reading the document presented on the Health Canada Website. While parts of the proposal such as removing the lengthy, inefficient and nearly incompetent component of having health canada process paperwork will definately be an improvement, and providing a legal source of medical marijuana for those patients unable to grow or designate a grower also has benefits the rest of the document seems to be completely off base and makes no diferentiation between medical patients producing their own high quality medicine with criminal grow ops.

Recently I was prescribed medical marijuana to treat a medical condition from which I have suffered since adolescence. Many lengthy hospitalizations and trials with every perscription drug available to treat my condition, resulted in at best life being tolerable if not enjoyable. The side effects of the pharmaceuticals were often debilitating, threatening not only my health but my employment. My condition was classified as "treatment resistant" and I was left with the diagnosis to simply deal with it the best I could as modern medicine offered no more alternatives.

When I learned of the option of treating my illness through natural medicine, I entered into it with a mind formally trained in scientific and clinical research methods, sceptic but optimistic.

I went through all the red tape and requirements of health canada, the lengthy and expensive process (please don't try to argue this point, for the average Canadian the doctor's fees to complete paperwork, passport photos, 2 hr drives to see specialists, and use of registered mail for all paperwork definately adds up!) of paperwork, specialist consults and finally received approval. I made what I thought would be a one time very significant investment in equipment, hiring qualified licensed electricians to install safe wiring, ensuring the safety and security of the premisis, and taking all precautions to ensure air quality (obviously any medical patient is aware of their decreased immunity and would never grow without controlling the humidity and ensuring the abscence of mold not only in their air/home but in their medicine) I have been delighted to find that MMAR alleviates all symptoms of my illness without any negative side effects. The time and cost of researching and growing specific strains which have proven themselves effective for treating my particular medical condition, speaking with consultants and expanding my horticultural knowledge seems a very worthwhile investment when I found that this natural medicine completely alleviates the symptoms of my conditions and for the first time in my life I finally am experiencing the human right to quality of life.

As a responsible and law abiding Canadian Citizen I strongly resent the key concerns supposedly raised by "stakeholders", and feel your proposed changes do not address or eliminate those concerns. You are simply punishing the law abiding citizens who have made the commitment to comply with Canadian law and Health Canada in an effort to crack down on the criminal element of society. The failings of the current program fall squarely on Health Canada's shoulders and yes absolutley the

"complexity and length of the application process for individuals who wish to obtain an authorization to possess and/or a licence to produce marihuana;
the impact of increasing participation in the Program on the efficiency and timeliness of the application and review process;
the fact that Health Canada only supplies one strain of dried marihuana" need to be addressed and corrected.

But taking away legitimate medical marijuana patients right to grow their own medicine is not the answer. Deal with the failings of the current system, provide a source for patients who do not have a designated grower, remove Health Canada completely from the business of providing medicinal marihuana because they have undoubtable proven their complete incompetency to provide the quality or variety of medicine needed but do not take away patients already established right to produce their own medicine. At the very least you are imposing great financial hardship on patients who have already in good faith made the investment to grow their own medicine, and will now force them to buy from the government's appointed suppliers. What can now be grown at least partly outdoors organically and for minimal cost must now be grown inside and with increasing hydro rates the cost will soon be exorbitant and legitimate patients will soon find they can only afford their medicine on the black market by the time the appointed suppliers pass down the cost of :

- *Dried Marihuana Production, Distribution and Disposition*
  - indoor production in a non-residential area;
  - physical security standards;
  - product quality standards;
  - packaging and labelling standards; and

    - requirements for the disposal of excess plant material, excess dried marihuana and/or expired dried marihuana.
- *Personnel*
    - designation of an individual responsible for managing the production and distribution of dried marihuana; and
    - specific qualifications for all personnel involved in production and distribution.
- *Record-keeping and Reporting*
    - requirements to keep records relating to all on-site activities for a set period of time, and the ability to provide set records to Health Canada on request; and
    - requirements for reporting on activities associated with the cultivation of marihuana and the distribution of dried marihuana.
- *Compliance and Enforcement*
    - pre-qualification audits and pre-licence inspections; and
    - inspections and/or audits on an ongoing basis.

While on intial read these regulations sound like a good idea, in reality the assiciated cost will drive the cost of medicine up. There already exist groups, passionate and responsible with years of experience providing excellent medicine of many varieties to patients, and the patients have the option of choosing one which offers competitive prices, not from several government appointed businesses with a license basically to gouge patients who are left with no legal alternative.

The end result will be an exaccerbation of the original problem and Canadian citizens being denied their rights as set out in the

Canadian Charter of Rights and Freedoms:

Thirdly, there is the right to security of the person, which consists of rights to privacy of the body and its health[20] and of the right protecting the "psychological integrity" of an individual. That is, the right protects against significant government-inflicted harm (stress) to the mental state of the individual. (*Blencoe v. B.C. (Human Rights Commission)*, 2000)
In *Chaoulli v. Quebec (Attorney General)* (2005), some Supreme Court justices even considered Quebec's ban on private health care to breach security of the person, since delays in medical treatment could have physical and stressful consequences.

The cost and supply of medicinal marihuana from appointed suppliers will inflict great government-inflicted stress on the mental states of medical marihuana patients, especially those in the category 1 designation many of whom are living on disability benefits and certainly do not have excess money to purchase medicine which no insurance company will cover in their benefit package and which they or their designated grower can currently provide them for free or relatively low cost. These proposed "improvements" are simply a quick fix reaction to Justice Donald Talianoruling in R. v. Mernagh 2011 Ontario Superior Court on April 12th, 2011, not a well thought out plan designed to assist medical patients. Ontario, if not across Canada." [21]

So in summary my opinion is strongly against changes which will negatively effect the patients currenlty growing their own medication and impose financial hardship on those citizens willing and able to assume the burden of providing their own medication. But I am strongly in favor of many positive changes in Health Canada's Role. They should be helping Canadians, not doing everything in their power to make obtaining the required

documentation more difficult than it should be.

Sincerely,

[redacted]

Some of the key concerns raised include:
The Marihuana Medical Access Program (the Program) provides seriously ill Canadians with access to marihuana for medical purposes[1]. In recent years, a wide range of stakeholders including police and law enforcement, fire officials, physicians, municipalities, and program participants and groups representing their interests, have identified concerns with the current program.
Some of the key concerns raised include:

- public safety risks, including electrical and fire hazards, stemming from the cultivation of marihuana in homes;
- public health risks due to the presence of excess mould and poor air quality associated with the cultivation of marihuana plants in homes;
- the complexity and length of the application process for individuals who wish to obtain an authorization to possess and/or a licence to produce marihuana;
- the impact of increasing participation in the Program on the efficiency and timeliness of the application and review process;
- the fact that Health Canada only supplies one strain of dried marihuana; and,
- the need for more current medical information pertaining to the risks and benefits associated with the use of marihuana for medical purposes, as a means of

supporting discussions between physicians and their patients as to whether such treatment is appropriate.

To address these concerns, Health Canada is considering improvements to the Program. The proposed improvements would reduce the risk of abuse and exploitation by criminal elements and keep our children and communities safe.

In this regard, Health Canada would like to hear from Canadians about the improvements under consideration. You are invited to provide comments on this document.

The legalization or decriminalization of marihuana is not part of these changes. Marihuana will continue to be regulated as a controlled substance under the *Controlled Drugs and Substances Act* (CDSA).

Until any of the proposed improvements to the Program are in place, the process for applying for an authorization to possess and/or a licence to produce marihuana for medical purposes under the *Marihuana Medical Access Regulations* (MMAR) will remain the same.

2. How to Comment on this Document

The proposed improvements outlined in Sections 3 to 7 of this document represent the foundation of a redesigned program that addresses many of the concerns the Government of Canada has heard about the current program.

If you are interested in providing comments on this document, please do so by July 31, 2011.

- **By Email:** consultations-marihuana@hc-sc.gc.ca
- **By Fax:** 613-946-4224
- **By Mail:**
  Marihuana Consultations
  Controlled Substances and Tobacco Directorate
  Health Canada

Mail Room, Federal Records Centre - Bldg 18
1st Floor, 161 Goldenrod Driveway, Tunney's Pasture
Ottawa ON K1A 0K9

Please note that Health Canada is committed to reviewing and considering all comments received by July 31, 2011.

3. The Improvements under Consideration

The improvements being considered would not alter the Program's intent to provide seriously ill Canadians with reasonable access to a legal source of marihuana for medical purposes, where conventional treatments are not appropriate and/or have failed to provide necessary relief.

The core of the redesigned Program would be a new, simplified process in which Health Canada no longer receives applications from program participants. A new supply and distribution system for dried marihuana that relies on licensed commercial producers would be established. These licensed commercial producers, who would be inspected and audited by Health Canada so as to ensure that they comply with all applicable regulatory requirements, would be able to cultivate any strain(s) of marihuana they choose. Finally, the production of marihuana for medical purposes by individuals in homes and communities would be phased out.

Individuals wishing to use marihuana for medical purposes would still be required to consult a physician who is licensed to practice medicine in Canada.

4. How the Proposed Redesigned Program Would Work

4.1 Physician-Patient Interaction

- Health Canada maintains that the determination as to whether the use of marihuana for medical purposes is appropriate for a particular individual is best made through a discussion with their physician. In this

regard, Health Canada is proposing to eliminate the categories of conditions or symptoms for which an individual may possess marihuana for medical purposes under the MMAR.

- Individuals would continue to be required to consult a physician to obtain access to marihuana for medical purposes. Since categories would be eliminated, there would no longer be a requirement for some individuals to obtain the support of a specialist in addition to their primary care physician in order to access marihuana for medical purposes.
- The existing medical declaration would be replaced by a new document provided by the physician to the individual. Health Canada will consult the medical community on the form this document will take.
- Individuals would no longer be required to submit information to Health Canada to be authorized to possess dried marihuana. Instead, they would submit their physician's document directly to a licensed commercial producer.
- Health Canada will establish an Expert Advisory Committee to improve physician access to comprehensive, accurate and up-to-date information on the use of marihuana for medical purposes, thereby facilitating informed decision-making with respect to the use of marihuana for medical purposes.
- Health Canada would work with the medical community, their provincial/territorial licensing authorities and their associations on the proposed improvements to the program.

4.2 Dried Marihuana Production and Distribution

Under the proposed redesigned program, Health Canada would no longer enter into a contract with a commercial entity to supply and distribute dried marihuana and marihuana seeds.

- The only legal source of dried marihuana would be commercial producers, who would be licensed by Health Canada to produce and distribute dried marihuana. Individuals would purchase their supply of dried marihuana from one of these licensed commercial producers.
- Personal and designated production would be phased out.
- In order to be licensed by Health Canada, licensed commercial producers would have to demonstrate compliance with requirements related to, for example, product quality, personnel, record-keeping, safety and security, disposal and reporting, as set out in new proposed regulations. These controls would aim to ensure the quality of the product being purchased by program participants, as well as the security of production sites.
- Health Canada would establish a comprehensive compliance and enforcement regime for licensed commercial producers, centered on regular audits and inspections.
- Licensed commercial producers would be required to comply with specific product labelling and packaging requirements. The label and/or the package itself could be one way by which a program participant could demonstrate that their supply of marihuana is legal.
- Licensed commercial producers would only be

permitted to produce marihuana indoors.

- Licensed commercial producers would be able to produce any strain(s) of marihuana, thus giving individuals greater choice as to which strain(s) they wish to use.
- Licensed commercial producers would set the price for marihuana for medical purpose.
- Licensed commercial producers would only be able to send the dried marihuana they cultivate to individuals by registered mail or bonded courier.

5. Impact on Current Program Participants Holding an Authorization to Possess Marihuana for Medical Purposes

With the proposed redesigned Program, there would be no change to the important first step of an individual consulting with their physician in order to obtain access to marihuana for medical purposes. In response to concerns raised by the medical community regarding the clinical use of marihuana, Health Canada is committed to working with the medical community on the identification of reference information that supports appropriate physician-patient consultation on this issue.

Once it has been determined that the use of marihuana for medical purposes is appropriate, the physician would provide the individual with a document.

Individuals would then send the physician's document directly to a licensed commercial producer of their choice. The licensed producer would validate the document from the physician by confirming that the physician is licensed to practice medicine in Canada. The licensed producer would register the individual as a customer and would process the order for a specific amount of dried marihuana. Health Canada would maintain an up-to-date list of licensed producers on its website, and work with the

medical community to disseminate this information as widely as possible.

The distribution of dried marihuana by licensed commercial producers to program participants would be by registered mail or bonded courier only.

Participants would no longer receive an authorization to possess or an identification card from Health Canada. Health Canada will consult on how best to establish that an individual is in lawful possession of a legal source of dried marihuana.

6. Impact on Current Program Participants Who Hold a Personal-Use or Designated-Person Production Licence

Within the proposed redesigned Program, only licensed commercial producers will be legally allowed to supply individuals with marihuana for medical purposes. Personal and designated production would be phased out.

That said, as the Government of Canada is committed to ensuring access to an uninterrupted legal source of dried marihuana, it will notify all holders of personal-use and designated-person production licences well in advance of the coming-into-effect of any improvements to the Program. A detailed transition plan will be shared with stakeholders when proposed regulations are pre-published in *Canada Gazette*, Part I.

7. Opportunity for Those Interested in Becoming a Licensed Commercial Producer

Health Canada is aware that transition to the proposed redesigned Program requires access to an adequate supply of dried marihuana to meet the needs of current and future Program participants. In this regard, Health Canada has identified compliance with requirements relating to the following aspects of production and distribution as being key to obtaining a commercial producer licence:

- *Dried Marihuana Production, Distribution and Disposition*
  - indoor production in a non-residential area;
  - physical security standards;
  - product quality standards;
  - packaging and labelling standards; and
  - requirements for the disposal of excess plant material, excess dried marihuana and/or expired dried marihuana.
- *Personnel*
  - designation of an individual responsible for managing the production and distribution of dried marihuana; and
  - specific qualifications for all personnel involved in production and distribution.
- *Record-keeping and Reporting*
  - requirements to keep records relating to all on-site activities for a set period of time, and the ability to provide set records to Health Canada on request; and
  - requirements for reporting on activities associated with the cultivation of marihuana and the distribution of dried marihuana.
- *Compliance and Enforcement*
  - pre-qualification audits and pre-licence inspections; and
  - inspections and/or audits on an ongoing basis.

Annex: The Current Marihuana Medical Access Program

1. Regulation of Marihuana in Canada

Marihuana is included in Schedule II to the *Controlled Drugs and Substances Act* (CDSA), and as such, is regulated as a controlled substance in Canada. This means that all activities, e.g.,

possession, possession for the purposes of trafficking, production, importation, exportation, trafficking, and possession for the purposes of exporting, are illegal except as authorized by regulation. Illegal activities associated with marihuana are considered to be criminal offences and are subject to the penalties set out in the CDSA.

2. Program History

In 1999, Health Canada established the Marihuana Medical Access Program (the Program) so as to provide seriously ill Canadians suffering from grave and debilitating illnesses with access to a legal source of dried marihuana for medical purposes. In the original Program, Health Canada authorized individuals to possess marihuana and/or to produce a limited number of plants for medical use through exemptions issued under section 56 of the CDSA.

In July 2000, the Ontario Court of Appeal found fault with the discretionary way in which Health Canada was using Section 56 of the CDSA as the means of granting authorization to possess and/or produce dried marihuana for medical purposes. In response, Health Canada established the *Marihuana Medical Access Regulations* (MMAR).

The MMAR set out a scheme by which any seriously ill Canadian can, with a declaration from a physician, obtain an authorization to possess and/or a licence to produce dried marihuana for their own personal medical use. The MMAR also provide for an authorized person to designate someone to grow marihuana on their behalf. In 2003, the MMAR were amended to provide for the option for authorized persons to obtain dried marihuana or marihuana seeds for medical purposes by Health Canada. This supply is currently provided under contract by Prairie Plant Systems Inc.

Since 2003, the MMAR have been amended on a number of occasions, so as to streamline the Program, respond to stakeholder concerns and/or address additional court decisions.

3. How the Program Works Now

Eligibility

Under the current Program, individuals suffering from life-threatening or chronic medical conditions must first obtain the support of a licensed medical practitioner who completes a medical declaration stating that dried marihuana is going to be used to alleviate a specific symptom associated with an identified medical condition. The individual then includes this medical declaration in their application for an authorization to possess. To be authorized to possess marihuana, an individual's symptoms and conditions must fall within one of two possible categories:

- **Category 1:** any symptom treated as part of compassionate end-of-life care or for symptoms related to specific medical conditions, namely:
  - Severe pain and/or persistent muscle spasms from multiple sclerosis, a spinal cord injury;
  - Severe pain, cachexia, anorexia, weight loss, and/or severe nausea from cancer or HIV/AIDS infection;
  - Severe pain from severe forms of arthritis; or,
  - Seizures from epilepsy.
- **Category 2:** a debilitating symptom that is associated with a medical condition or with the medical treatment of that condition, other than those described in Category 1.

Authorization to Possess

If an individual's application meets all of the requirements set out in the MMAR, Health Canada must issue an authorization to

possess marihuana for medical purposes to the applicant. The applicant's physician is always notified when an authorization to possess is issued.

Authorized individuals then have three options to obtain a supply of dried marihuana for medical purposes. They can:

1. Apply for a personal-use production licence authorizing them to grow their own supply of marihuana; or,
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Licensed Production

As set out above, there are two different types of licences to produce marihuana for medical purposes: personal-use production licences and designated-person production licences. All licences set out specific terms and conditions applicable to the licence, including the maximum amount of marihuana a licence holder may possess at any one time, and the maximum number of plants that are allowed to be in cultivation at any one time.

- the potential for diversion of marihuana produced for

medical purposes to the illicit market;

e risk of home invasion due to the presence of large quantities of dried marihuana or marihuana plants;

- public safety risks, including electrical and fire hazards, stemming from the cultivation of marihuana in homes;
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To address these concerns, Health Canada is considering improvements to the Program. The proposed improvements would reduce the risk of abuse and exploitation by criminal elements and keep our children and communities safe.

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- **Category 1:** any symptom treated as part of compassionate end-of-life care or for symptoms related to specific medical conditions, namely:
  - Severe pain and/or persistent muscle spasms from multiple sclerosis, a spinal cord injury;
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  - Severe pain from severe forms of arthritis; or,
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If an individual's application meets all of the requirements set out in the MMAR, Health Canada must issue an authorization to possess marihuana for medical purposes to the applicant. The applicant's physician is always notified when an authorization to possess is issued.

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produce marihuana for medical purposes: personal-use production licences and designated-person production licences. All licences set out specific terms and conditions applicable to the licence, including the maximum amount of marihuana a licence holder may possess at any one time, and the maximum number of plants that are allowed to be in cultivation at any one time.

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-230Health Canada Medical MArijuana Program Proposals
Date: 2011-07-31 01:25 AM

TO WHOM THIS MAY CONCERN
I am deeply concerned about the response by Health Canada to the various court decisions declaring its existing medical marijuana program unconstitutional. The proposals that have been brought forward fail to deal with the myriad of problems in the program. Specifically, I take issue with the following proposals:
Physician as "Gatekeeper":
R v Mernagh found that physicians in Canada have effectively boycotted the existing medical marijuana program, and therefore the program itself was unconstitutional. Health Canada's response does nothing to address this boycott beyond the promise of making information accessible to physicians. Any changes to the Health Canada medical marijuana program must abide by the findings in R v Mernagh and meaningfully expand the "Gatekeeper" role beyond physicians, preferably to include Naturopaths, Nurse Practitioners, Doctors of Traditional Chinese Medicine and Pharmacists.
Personal and Designated Production:
Individuals have spent thousands of dollars and often years of time setting up production facilities and finding appropriate marijuana cultivars (strains) for their condition. Court cases including Sfetkopolous, Beren and Hitzig have found that denying production licenses on arbitrary grounds violates a patient's constitutional rights to access medical marijuana.
Contrary to extensive misinformation campaigns in the Fraser Valley of British Columbia, led by the RCMP research chair at the UCFV, there is no evidence that medical marijuana production facilities contribute any more to public safety threats than a myriad of other permitted activities (including cooking at home, having expensive possessions, installing a hot-tub, growing tomato plants). Any changes to the Health Canada medical marijuana program must include the preservation of personal and designated production.
Patient Identification:
Authorized medical marijuana patients from across Canada report that local police often fail to recognize current medical marijuana authorization identification, detaining and even arresting patients and often illegally seizing their medication. The proposal to remove any formal identification for patients will only lead to more unlawful detention of patients by local police. Any changes to the Health Canada medical marijuana program must include patient identification and education programs to ensure police do not continue to unlawfully detain authorized patients.
For profit production:
The proposal by Health Canada to only allow medical marijuana to be produced for profit by an oligopolistic group of license holders, at a price point those producers set, will be a disaster for patient access in Canada. Not only will patients be unable to acquire strains they have bred specifically for their symptoms, but they will be subject to exorbitant increases in price. Especially for patients who require large dosages this will result in an inability to access medication. The current holder of the Health Canada commercial production license has failed to create an adequate supply for Canadians. Patients report low quality, low efficacy, high prices and ineffective medical quality. There is simply no reason to believe that expanding the system of commercial production, based on current Health Canada requirements will

result in any positive changes to patient access. Any changes to the Health Canada medical marijuana program must include alternatives to a purely profit driven system of production.

Medical Marijuana Dispensaries:

The current proposals by Health Canada do nothing to address the court sanctioned yet unlicensed system of medical marijuana dispensaries in Canada. These Dispensaries serve several times more patients than the current Health Canada program, and patients report much higher satisfaction with dispensary services. Any changes to the Health Canada program must include licensing the existing network of dispensaries.

The proposals by Health Canada constitute less than a bad faith response to court orders, they represent outright defiance. The current proposals do not meet the needs of medical marijuana patients in Canada, and will result in a further restriction of patient access to medical marijuana. I call upon Health Canada to return to the drawing board and come up with a program designed to succeed, not fail. I call on Health Canada to honour the spirit and intent of court rulings and create a meaningful system of workable access for medical marijuana.

Sincerely,

[redacted]
Licenced Medical MArijuana Patient

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-238About Proposed Changes
Date: 2011-07-31 12:15 AM

Hello Health Canada,

My name is [redacted] and I am a designated grower in Victoria, BC since Spring 2011.

I appreciate the need for changes in your program. From what I read on your website and what I hear about in the local medical marijuana community, there is a need for some change.

I understand a lot about patient needs and how to approach care from an individual perspective. Some patients will need a marijuana that helps them exclusively with pain, others need help with sleep or appetite stimulation, others stress reduction is a concern. No two patients are exactly alike nor should their care be. I have several strains growing to let my patients try different types and see what works best for them. I spent a majority of my adult years working in the pharmaceutical industry and that experience clearly shows me that no one drug can satisfy a majority of patients. It is the same with Medical Marijuana.

I have a lot of experience in horticulture, having owned and operated a gardening and landscaping company in Victoria for 10 years. I have a lot of knowledge that crosses over into this field very well. I am happy being a grower as one of my jobs. I have run into a place in my life where I can no longer do the work that I once did. I have lost a significant portion of my hearing ability and my job prospects are not what they once were.

I am a hard working and a proud Canadian. I have had a good tax paying job every year since I was 14 years old. I have a University Degree. I have the knowledge, care and skill level necessary to grow quality marijuana for my patients. I have always had employment, having never received an UIC/EI benefit cheque in my life (something I am proud of). I have earned well over the years often upwards of $125,000 per annum, always having paid my taxes. Now I want to spend part of my working day growing medical marijuana, please let me continue with this enjoyable endeavor. While I understand that parts of the medical marijuana distribution system need fixing, that does not mean that the well oiled working parts need to be sacrificed.

In the very least, I have spent significant resources, both financial and time wise, starting up my grow area. A lot of blood, sweat and tears, heart and soul went into it. I have read and studied many hours getting up to speed on cannabis and how it grows

best. I took this opportunity seriously as it was presented, and less than 6 months into this project the rules are changing on me. Again, I understand your position, but understand mine in return. I hope that I will be consulted on changes in addition to my letter(s). I also hope that I am kept up to date with developments and changes that have been instituted. Any large changes that occur should have a significant time between notice and action required as this business/growing cycle is not a short one.

Lastly, I have spent a lot of individual time getting to know and understand my patients, [redacted] and [redacted]. I live near to both of them and see them regularly. Who they are and what they need from their medical marijuana, is central to choosing what I will grow for them. I grow several different strains specifically chosen to deal with their particular patient needs. Large companies like the pharmaceutical industry I worked in simply cannot and do not match this style of service and care. I can and I will.

Thank you for your time and consideration,

[redacted]
Victoria, BC.

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-8 Consultations from [redacted].
Date: 2011-08-01 02:45 AM

Dear Marihuana Consultations

Controlled Substances and Tobacco Directorate
Health Canada
Mail Room, Federal Records Centre - Bldg 18
1st Floor, 161 Goldenrod Driveway, Tunney's Pasture
Ottawa ON K1A 0K9

I would like to add that I believe the program as it has developed thus far is of tremendous support and benefit to myself and to a great deal of the Canadiana community.

The program itself is a wonderful start from which many people have learned a great deal including do with tremendous personal care in the way of the intimate attention required for each patient's use. Especially and primarily as more time goes by and we recognize each other (more and more) as very unique individuals.

As stated the direction and intent of the program must be one of the best in the world.

In this letter I am seeking the relief of your kindly providing myself and many others with the opportunity to add more consultations.

We really could use another 9 months to put together a serious professional submission.

Would you please confirm that this e-mail was received and reply to our request for an extension of nine (9) more months for consultation submissions.

The program truly works beautifully in many ways...

... now if we could just have it be as punctual in as may beautiful ways it would be wonderful lesson for all involved with regards to a better understanding of compassion, respect for the ill patients and humanity in general.

The only real problem is the how this wonderful program is very poorly administered.

Sincerely and most respectfully.

[redacted]

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-14 proposed changes to MMAR etc.
Date: 2011-08-01 02:06 AM

To whom this may concern;My name is [redacted] and I am on side with making this program safer for the public and our children (having two young ones),but what I am concerned about is that it has been quite the journey for me to #1 -realize marihuana as an option for the pain I suffer ,#2 - educate myself on the effects of marihuana ,#3- Apply to health canada for medical use ,and the ability to grow my own (so I can control what goes into my body) ,#4- finally getting approved ,#5- Now that I am approved what do I do? ,#6 ,I put end less time and energy into educating myself on how to grow ,and what I would need to do so. ,#7- I put endless time and energy into finding a place I could produce my medicine ,#8- I invest a substantial amount into being able to produce my medicine . And now that I am finally giving my body what it needs to ease my daily pain I endure , and the peace of mind knowing what exactly I am ingesting , along comes these proposed changes !!!! I would like a better description of said requirements to be a "Licensed producer " ,as I am very serious about meeting the requirements , and further more will be very disappointed if I am not given any further info. in regards to this ,and am hopeful you will provide me with enough lead time in order to make informed and educated decisions on this and any other dealings we may have . Sincerely [redacted] P.S. I would like you to know I will be following this up aggressively ,and intend to make sure all my efforts and investment are not in vain.

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-26 my option on mar changes
Date: 2011-08-01 01:27 AM

I have read your proposed changes to the MMAR program and have a few questions and concerns to express.

First how are you expecting patients who have spent thousands of dollars on permits, security, equipment and trades to build a room to local building and electrical codes. To now turn around and spend more money to purchase their medicine from a large scale production facility or dispensary that charge upwards of 12 dollars a gram. This means my permit for 10 grams a day would cost around $3600.00 a month. When I can produce my own medicine for a fraction of that cost monthly. How is health Canada expecting patients to afford the medicine they have been prescribed. Is health Canada planning on subsidising medicinal marihuana as they do other prescription drugs?

Second is health Canada's production facility going to take each patients particular plant strain requirements into consideration. It took me a long time to determine witch varities work for my conditions and ailment's is Health Canada going to allow for the growing of all strains or for the one strain they believe to be the band aid coverall. As they did with the failed mine experiment in flin flon.

Third if health Canada is trying to curb the abuse of the production licenses by organized crime. Would it not be easier to do inspections on the licenses that are handed out? By hiring inspectors to do annual , by annual and or surprise inspections this would not allow for the abuse of plant totals and over production that a few permit holders have ben known to poses. Since I have received my permit I have had no contact by any Health Canada official or representative to do an inspection. If card holders had to be accountable then that should be detouring enough to keep organized crime out. As we all know, criminals do not like authority, and in the unregulated market Health Canada has created by not doing any inspections is only encouraging abuse by organized crime.

These are few questions and concerns that have arrised from my interpretation of the proposed changes to the MMAR program.

Hope my concerns are taken into consideration.

[redacted]

1918

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-32 Comments on proposed improvements
Date: 2011-08-01 12:52 AM
Attachments: MMAR.pdf

To: Marihuana Consultations
Re: Changes to Medical Marihuana Access Program (not improvements)
My name is [redacted] and I am a single father of two teenage children. I work full time as a computer tech for a large oilfield company and have been there for over 20 years. I am also a Medical Marihuana card holder and make my own medicine. I have ankylosing spondylitis and have suffered years of severe chronic pain. None of the prescribed medicine was helping me and in fact was causing me to get sick and lose weight.
I have been on the program now for three years and have been using Marihuana for several more than that to help with the pain, appetite, and sleeping. Prior to being on the program I was supporting the illegal drug trade by purchasing my medicine from available sources when required. I had no other options. Being on the program and producing my own medicine has given me and my children a new lease on life in several ways. I am able to manage my disease. I am able to continue to work full time to support my family. I am no longer stressed or afraid, no longer paying for medicine that does not help, no longer supporting the illegal drug trade!
I have absolutely followed all laws and done everything to code. I have spent alot of my money to make sure everything is as it should be, safe and secure. I have had absolutely no issues and have never heard of any issues of crime, fire, injury or death due to a medical marihuana grow in Edmonton "Murder Capital of Canada"?.
I have read through the proposed changes and would like to note the following:

1. the potential for diversion of marihuana produced for medical purposes to the illicit market;
(There is potential for diversion of marihuana produced for medical purposes to the illicit market no matter what changes are made or are not such as there is potential for a hunting gun to be used for crime to a car used to run someone down.) po.ten.tial possible, as opposed to actual.
2. the risk of home invasion due to the presence of large quantities of
dried marihuana or marihuana plants.
(My greatest fear is the person reading this letter may know someone
that lives in Edmonton and is a bad-ass so to speak and comes here! Other than my Doctor, my kids, my mom, Health Canada and the local police department is notified as per the application form to Health Canada. No one else should know or need to know. Therefore it is handled such as any information you would provide to your doctor in confidence. Is there a greater risk to those people who own larger million dollar homes or may keep a safe at home? A BMW parked in the drive?
3. public safety risks, including electrical and fire hazards, stemming
from the cultivation of marihuana in homes
(I would never put my children or myself in any safety risk
danger and therefore paid a lot of money to have everything done right just as I would have installing a hot-tub or a heated garage. There was a house in my neighborhood that blew up last year, the only one I recall and it was a terrorist or someone trying to kill a spouse or something, marriage is a public safety risk in this case yes?
4. public health risks due to the presence of excess mould and poor air
quality associated with the cultivation of marihuana plants in homes

(Again I own my own home and would not want this so I took all the right steps and did things right as they should be. There is absolutely no risks to my children, or the public. Smoking in the home and cigarettes sold and taxed at the store one block away is a health risk to the public. Animals kept in the home are a greater health risk and I have seen that issue in the news. Homes can be inspected and should be.

5. the complexity and length of the application process for individuals

who wish to obtain an authorization to possess and/or a license to produce marihuana. Special Note: My spell checker tells me you misspelled "license" on your web site. Your spelling was "licence" !

(This is your issue and the only one you should address. I have no issues having my doctor sign for a longer period. I have no issues sending in my forms and waiting. The fact is that if it came down to it and Health Canada has delays in its own process, I feel confident enough in having my doctor sign and my forms submitted. In the courts with this along with my charter of rights as a Canadian I feel strongly that I would survive.

6. the impact of increasing participation in the Program on the efficiency and timeliness of the application and review process

(This makes me laugh, the IMPACT of the INCREASED PARTICIPATION in the program has caused you the delay in processing the applications in a timely manner. Yes you need to address this. This was the excuse I was provided each time I called for my application inquiry last year.

7. the fact that Health Canada only supplies one strain of dried marihuana; and,
the need for more current medical information pertaining to the risks and benefits associated with the use of marihuana for medical purposes, as a means of supporting discussions between physicians and their patients as to whether such treatment is appropriate.

(This is why I produce my own medicine. Health Canada nor anyone else can produce the medical marihuana medicine for my health needs. I have all the information I need and know what works for me. Now that I have paid the overhead in doing everything correctly as it should be I am looking forward to producing my own medicine for the rest of my life.
In closing:

I am still somewhat shocked after all this time and all we do know about this medicine and I still have to hide it away. A diabetic taking his shot at wal-mart or a guy in a bus station washroom sticking a needle in his arm?

Was it the drunk, the bartender, the corner pub, the one beer to many. The corner pub is the most dangerous place in my neighborhood. It is right next to the 7-Eleven and they send out the drunk people to smoke outside, swearing, fighting and a play park less than a half block down. The young driver who speeds coming into the neighborhood each day after school. People should be responsible for themselves, no matter what you do those that will take advantage of the program will no matter what changes you make to whatever program. Marihuana, Meth, Cocaine and all kinds of prescribed medication is available on the street, that will not change.
I can most certainly say that I can get my medicine much cheaper with more variety from the black market and much quicker with no courier charges should this change take place.
If I was a "stakeholders" including police and law enforcement, fire officials, physicians, municipalities I would not admit to even having smoked or even inhaled marihuana! Lol
Thanks for your time and consideration in this matter.

[redacted]
(780) [redacted]

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Cc: [redacted]
Subject: 11-07-22-22 Response to the Proposed Improvements to the MMAR
Date: 2011-07-22 03:36 PM
Attachments: MMARproposal.docx

Hello Health Canada: Please find attached my response to the proposed improvements to the MMAR. I will be sending you a hard copy as well via your mailing address. Please acknowlege receipt of this message. Many thanks,

[redacted]

RESPONSE TO PROPOSED IMPROVEMENTS TO HEALTH CANADA'S *MARIHUANA MEDICAL ACCESS PROGRAM (MMAR)*

Submitted by

[redacted]

Response Made Pursuant to *Sections 11* and *29 of the MMAR*

TO: Marihuana Consultations
Controlled Substances and Tobacco Directorate
Health Canada
Mail Room, Federal Records Centre-Bldg 18
1st Floor, 161 Goldenrod Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

FROM: [redacted]
[redacted]
Guelph, Ontario
[redacted]
Tel: (519) [redacted]
Email: [redacted] @mail.com

Respondent

Response to Proposed Improvements to the *MMAR*

BACKGROUND

1. This respondent has licences to possess and cultivate *Cannabis* marihuana for therapeutic needs in accordance to *ss.11* and *29* of the *MMAR*. Since 2006, he has produced marijuana from *Cannabis* seed supplied by Health Canada. These plants were grown entirely outdoors without any hassles, under favourable natural conditions. They yielded the respondent with good quality marijuana at a very low cost.

2. The proposed changes to the *MMAR* would put a stop this practice. Instead, production is to be placed into the hands of private companies as a way to reduce the risk of abuse and exploitation by criminal elements. Furthermore, large plots of marijuana plants are to be grown entirely indoors, under artificial conditions, rather than outside within a natural environment, because of security concerns.

3. These private firms will then set the price of marijuana. Those prices will no doubt reflect the high costs of growing *Cannabis* indoors, such as paying for vast amounts of electrical power just to do so, and for ensuring that profit margins are met. It was precisely because of the excessive costs charged by Health Canada for its dried marijuana that the respondent chose to grow his own marijuana. He is now able to produce marijuana at a very affordable price.

4. Health Canada's consultation document details how these proposed legal grow-ops are to be inspected and audited on a regular basis. All of this is meant to stop individual growers from abusing their licences. But *s. 57(1)* of the current *MMAR* already give federal health inspectors the right to check out, at any time, individual production grow sites. If illegal activity is occurring, it must be due in part to the failure by the Government to hire enough inspectors to ensure that licencees are indeed complying with the law.

5. To summarize, under the proposed changes the respondent would no longer be free to grow his own medicine in a way that best serves his personal medical needs. He could no longer grow his plants outdoors under totally natural conditions. There would be a huge price increase from what little the respondent now spends cultivating his own plants outdoors as opposed to having to buy artificially grown marijuana from a private source.

LAW

6. The respondent's fundamental rights can only be further compromised were he prohibited from producing his own raw *Cannabis* marijuana in a way best suited for his therapeutic needs. Such deprivation stands in sharp contrast to the conclusions reached by the Ontario Court of Appeal in *R. v. Parker*, 146 C.C.C. (3d) 193 (2000) and *R. v. Hitzig et al* [July 31, 2003] Dockets C39532, C39938, C39740. Nor would it be in keeping within the overall interpretation of s.7 of the *Charter* as determined by Madame Justice Acton in *R. v. Krieger* [2000] ABQA 1012, a decision later upheld by the Alberta Court of Appeal in *R. v. Krieger* [2003] ABCA 85. Noting Justice

Darlene Acton at [44]:

> 'I am satisfied that *s.7(1)* of the *CDSA* deprives Mr. Krieger and those who are similarly situated of their rights under s.7 of the Charter to the extent that it prohibits these individuals from producing raw cannabis marijuana for their own therapeutic purposes. I am also convinced that such deprivation is not in accordance with the principles of fundamental justice.'

6. A further consideration is the legality of trying to improve the *MMAR* without first amending ss.4 and 7 of the *CDSA*. Any proposed changes to the *MMAR* face the same legal threshold established by the Ontario Court of Appeal in *Parker* and *Hitzig et al, supra*, namely, that the *'Act'* must first be amended by Parliament before a marijuana medicinal regulatory framework can be considered constitutionally correct. To note the Ontario Court of Appeal in *Hitzig,* at [170]:

> 'In *R. v. Parker supra,* this court declared the prohibition invalid as of July 31, 2001 if by that date the Government had not enacted a constitutional sound medical exemption. Our decision in this case confirms that it did not do so. Since the July 8, 2003 regulation did not address the eligibility deficiency, that alone could not have cured the problem. However, our order has the result of constitutionalizing the medical exemption created by the Government.'

7. For the Government to now again go down the same path of proposing and then passing improvements to the *MMAR*, without first enacting changes to the *CDSA*, is to invite an unconstitutional gap in the regulatory scheme. This is not the sort of matter that can be left up to the Minister of Health to proclaim into law. Parliament must be called upon to remedy any improvements to the *MMAR*. To note Lederman J, in *Hitzig v .Canada* (2003), 171 C.C.C. (3d) 18 (S.C.J.), at para [46]:

> 'While regulations were enacted, but the legislation was not amended, the "gap" in the regulatory "scheme" (to use the words of Rosenberg J. A. in *Parker*) was not addressed. I n my view, the establishment by Parliament of suitable guidelines in *legislation* fettering administrative discretion was requisite but lacking. This is not the sort of matter that Parliament can legitimately delegate to the federal cabinet, a Crown minister or administrative agency. Regulations crafted to provide the solution (even were these fashioned to create sufficient standards governing exemptions) cannot be found to remedy the defects determined by the *Parker* dicta'[Emphasis added]

RECOMMENDATIONS

8. The courts have ruled that issues involving medicinal use of *Cannabis* marijuana require the direct intervention of Parliament. They have ruled that the place to begin is amending the *CDSA*. Any amendments to the *CDSA* must reflect that access to medicinal marijuana is a fundamental right for all seriously ill Canadians. Only then can Health Canada proceed with improvements to the *MMAR*.

9. To be sure, an amended *CSDA* will spawn a sensible regulatory framework which addresses every aspect of the plant *Cannabis*. Such a framework should encompass its use as medicine, as industrial hemp and as an accepted social recreational drug in Canadian society.

10. A full debate is needed in the House of Commons about why marijuana is legal medicine for some but then becomes a criminal offence for others. Such contradictory policy confuses the public, promotes criminal activities and encourages inflationary prices surrounding the production of marijuana.

11. A very sensible regulatory framework will stem, simply, from amendments to the *CDSA* which allow people to grow their own small plots of marijuana for personal use. For those who prefer to purchase, Dutch-style coffee shops should be allowed and regulated to sell personal quantities of marijuana to the public, the same as tobacco cigarettes are sold today.

12. The Dutch experience demonstrates such a policy leads to a reduction in criminal activity and garnishes greater respect for the law. Nor would adopting such an approach negate Canada's international treaty obligations.

13. Much of what currently ails the *MMAR* are the draconian laws which criminalize the production and use of small amounts of marijuana. Were such laws amended, the public would soon find their own way to a secure and reliable supply of medicinal marijuana at affordable, self sustaining prices.

14. It would also be in keeping with constitutional law in the sense that while some Canadians are now bestowed a right to possess marijuana, that right is not extended to others, contrary to equal rights protection as guaranteed by the *Charter*.

15. Any regulatory framework involving the production of medicinal marijuana must be based upon an individual's right to grow their own crop. This is because such a fundamental right has already been entrenched by the courts. To now take this right away would be entirely unconstitutional.

16. Simply, the solution for ensuring compliance to the *MMAR*, and in reducing the criminal element, is for the Health Canada to employ enough inspectors that are apt at doing more on-site inspections.

17. The industrial production of *Cannabis* as hemp requires a similar overhaul of its regulatory framework. The current *Industrial Hemp Regulations* are flawed by its excessive restrictions it places on those who want to cultivate *Cannabis* for non-medical, industrial purposes.

18. Simply, if there is a right to produce *Cannabis* for marijuana, then farmers have the same unfettered right to cultivate *Cannabis* for hemp, as an ordinary field crop, without the imposition of unreasonable restrictions. Amendments made to the *CDSA* which entrench the right to produce marijuana for therapeutic use, should likewise be done for hemp farming.

19. The current hemp regulatory framework is based upon fears that farmers may choose to illegally cultivate marijuana instead of hemp. But the on-site inspection regime employed for hemp has demonstrated that such a position is false. Therefore, any inspection regime adopted for the inspection of hemp sites should parallel those adopted for inspection of marijuana production sites, and vice versa.

20. Finally, no attempt has been made by Health Canada to determine if large quantities of *Cannabis* marijuana can be successfully produced outdoors for therapeutic distribution. Security concerns have led the Government to focus entirely on growing marijuana artificially indoors, such as down a mine shaft, contrary to basic botanical principles of outdoor cultivation.

21. This respondent proposes that Guelph's abandoned Correctional Centre be used as a testing site to determine if producing marijuana outdoors, under totally natural conditions, is at all feasible. The old jail, with its huge fencing and good quality soil, already has the necessary security to discourage thievery and ensure, possibly, that there will be an alternative supply of marijuana for patients. The respondent is prepared to assist Health Canada with this project.

22. The production of outdoor-cultivated marijuana should remain under the operational control of Health Canada, at least for those who need access to the Government's supply of dried marijuana. To now propose farming out production of medicinal marijuana to private, for-profit organizations, is to introduce a policy which runs counter to the intent and purpose of the Federal *Health Act*.

All of which is respectfully submitted this 20th day of July, 2011.

[redacted]
Guelph, Ontario [redacted]
Tel: (519)[redacted]
Email: [redacted]@mail.com

Respondent

[redacted]@yahoo.com

To whom it may Concern:

This is in response to your request of interested people.
It is good that you have decided to take a fresh look at the context of the marihuana issue.

There are a number of incidental points that should be addressed.

The first: is that any grower/corporation/company etc. will not be too interested in having a number of clients arriving at their front door to pick up their months' worth of medicine.

The second: is that each and every potential patient will have her own requirement for physical condition of the marihuana product i.e. freshness should be addressed as an independent condition relative to age with dryness as another relative to moistness.

The third: is record keeping: the people that will be taking part in producing marihuana will definitely be concerned in retaining the integral privacy of their processes. Which is perfectly appropriate cannabis sativa is a plant that can be found in a marihuana pheno type however not all pheno types can be depended upon to produce volumes, grades, or chemo type percentages equally. When harvesting occurs there is considerable variation relating to the medicinally valuable portions and the resulting wastes. Thus, the people responsible for the management of the processes value their independently derived methodologies to obtain their expected results. In addition, their collection and subsequent release would be contrary their owners' developed and privileged security.

The fourth: is related to the fact that Cannabis plants cannot be templated as identical for statistical purposes the plants even in clone form they may vary considerably from their parent plants as well as from their sibling over time with variations occurring exponentially. The results from the studies would be not only provide Health Canada with empirical data that holds privileged content but also provide the monetarily valuable content into others' accessible range which is qualifiedly inappropriate.

The fifth: is that the above would result with providing an unfair commercial advantage to a few people who knew how to access the data. This would be unconscionable if it proceeded.

The sixth: is that it has been deemed that Cannabis has considerable intrinsic potential and not value thru anecdote. The Organizations and or the people who have dedicated their interest to licit cannabis production should be provided opportunity to fine-tune their processes without being challenged through some form of waste management oversight scheme that actually clouds the precedence ones' propriety toward medicinal cannabis production and development.

The seventh: is that there are a number of food oriented 'Third' party organizations that can be empowered/hired to make inspections randomly and scrutinize for unusual behavior without jeopardizing the individual producer's privacy.

The eighth: is that Health Canada attempted to cause people that entered the MMAD program to support them with similar data. Eventually they gave up asking for it. This is because the people working within the program offices could not keep up with it; the data does not prove anything. As a bonefide Agronomist, I value the results of my work; which I then apply and direct toward process refinement. The subsequent results are privileged.

The ninth: is that it is appropriate to reconsider permitting the licensed marihuana consumers to produce for themselves or thru Directed Care Givers as referred to in the third Model developed by the Health Canada Team in 1999.

Reflecting upon this, a supply of twenty full mature flowering female plants is a reasonable number for a patient to have whether they do not have money to pay to a licensed grower or they get comfort from growing their own medicine. Health Canada needs to acknowledge that the patients are not a threat and should make comfortable allowances for them and by not doing so only helps to support the black market. The legal user does not influence the illegal drug scene one iota by growing this many plants.

The tenth: is that Good quality marihuana is time consuming to produce and expensive. Financial worth or value is not indicative of the marihuana having a particularly high THC count.

The eleventh: is, as it stands the black market produces a better alternative to Health Canada but it is also more expensive than the Health Canada product. The reason the illicit marihuana is being purchased and sold into the black market is that it is an open window. The major growers are selling cheaper than Health Canada into it because they are most frequently stealing their electricity. Their product is less expensive to produce. The licensed DPL would not be able to do that now as has been claimed by some police authorities nor would they in the future, if Health Canada was following its own regulations.

Health Canada has not sent out, with any kind of regularity, inspection teams to keep the program running smoothly and to check up on Designated Producers. Rather they have let a few people attempt to take advantage of the system so that the Police would have reason to make complaints. Health Canada needs to develop protocols that provide the sick people with the policies that reflect all court process that the courts have deemed correct over the past ten years. So far, they have abused the processes entirely, misapplied through their corporate structure, and subsequently passed blame to all DPL recipients because a very limited number of people e may have attempted to take advantage of the MMAD program.

[redacted]@yahoo.com

The twelfth: is the Compassion orgnaizations have provided much toward the stability of the local communities. They had developed a wealth of medical data pertinent to correct implementation of not only marihuana but also Cannabis sativa sativa/ indica products. Compassion organizations been committed to the ongoing health of their surrounding communities and is not a component of the black market, biker gang, drug problem.

The last: is that I appreciate you giving merit to my provisions because I have closely as a professional observed many factors that are constituent to the current paradigm that I am sure to most are not observable.

If I can be of further help please Feel free to contact me at [redacted]@yahoo.com

Yours,

[redacted]

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-27-147 Consultation request feedback
Date: 2011-07-27 02:30 AM
Attachments: Mail to Health Canada.doc

To Whom it May Concern

Letter uis attached.

Respectfully,

[redacted]

From: [redacted]
To: 'consultations-marihuana@hc-sc.gc.ca'
Cc: [redacted]
Subject: 11-07-28-71 MMAP consultation
Date: 2011-07-28 01:58 PM

Thank you for the opportunity to comment on the proposed improvements to the Marihuanna Medical Access Program. The proposed changes to the program, and in particular the elimination of personal marihuana production with production undertaken only by licensed, regulated producers indoors, positively responds to Public Safety and law enforcement concerns. It is clear that Health Canada has considered the concerns raised by the Canadian Association of Chief of Police on this issue.

Forward looking, there are two areas which may pose questions/concerns from a law enforcement perspective. The first relates training/oversight of prescribing physicians, particularly if categories of conditions or symptoms are eliminated. While it is understood that Health Canada will work with the medical community and licensing authorities to clarify reforms, the medical community may be faced with increasing pressure to authorize the use of medical marihuanna for those who may not legitimately require this drug (e.g., risk of diversion/illicit use); Public Safety is very supportive of identified methods to improve physician access to comprehensive and up-to-date information.

Second, Public Safety is fully supportive of consultations on how best to establish that an individual is in lawful possession of a legal source and believes this will be of critical interest to the law enforcement community as they seek to combat diversion of medical marihuanna/drug trafficking. We would recommend that the law enforcement community be consulted on this particular issue.

Kind Regards,

[redacted]
Chief / Chef
[redacted]
Tel: 613-[redacted]
Fax: 613-[redacted]

Health Canada – Consultation on proposed improvements to the Marihuana Medical Access Program

By [redacted]

At the outset it is noted that the legalization or decriminalization of Cannabis (Marihuana) aka "marijuana" is not to be considered as part of the proposed changes. Cannabis (marihuana) will continue to be generally prohibited in relation to personal possession, possession for the purpose of trafficking, production and trafficking as a class II scheduled drug under the **Controlled Drugs and Substances Act**. While various regulations under that Act exist that govern lawful possession and licensed dealers, the **Medical Marihuana Access Regulations** are a specific set of regulations under the Act regulating the possession, production and distribution of marijuana for medical purposes.

A change in this prohibitionist policy to a tax and regulatory model, along the lines of alcohol and tobacco, with a specialty being developed in relation to marijuana for medical purposes, as opposed to general recreational use, would probably be the best change and improvement to benefit medical marijuana access and the one that makes the most common sense. It certainly would eliminate nearly all of the concerns listed in the **Introduction** to the **Consultation Document**, such as the potential for diversion into the illicit market, the risk of home invasion, other public safety risks and public health risks. When you prohibit something for which there is a great demand, and use the criminal law to do so, you immediately create a black market with its attendant lack of quality control and the prevalence of violence due to the absence of peaceful means available for the resolution of disputes arising in the market. Increased enforcement of the law drives the price up leading to more related crime. Increased enforcement eliminating one organization discovers many willing to take its place and often leads to turf wars and attendant increased violence. Under a regulatory and taxation approach, the production and distribution of marijuana would be subject to all of the usual rules and regulations applicable to a legal product available in a free competitive market. While most producers would be regulated in relation to the commercial recreational market, the other producers growing the particular strains needed by medical patients would be licensed to do so for that purpose, subject to appropriate quality and quantity controls. These products could be available in pharmacies or related natural healthcare product dispensaries just in the same way as any other medicine, including natural healthcare products, are currently available. A wide range of healthcare professionals, including doctors, nurse practitioners, naturopaths, herbalists, doctors of traditional Chinese medicine, pharmacists, and other specialists, as required, would be involved in the refinement of this whole plant medicine so that it would be available in various forms for smoking, eating or vaporizing and would otherwise strive to meet the patient requirements and demands.

The other concerns listed in the **Introduction** relate to the bureaucracy of the existing government model, its monopoly one strain supply, the need for more research in relation to the medical benefits of marijuana and improving the medical information for

patient's physicians and other healthcare practitioners.

Bearing in mind the above, and that there will be a continuing demand for cannabis (marijuana) in the illicit market and that therefore abuses will continue to occur, and certain regulations will be required that would not otherwise be required, the following are my comments about the **Proposed Redesigned Program**:

Physician – Patient Interaction

The fatal flaw in your proposed changes to "improve" the program is your intention to continue the 'physician as the gatekeeper' when these physicians and their leaders do not want to do so and actively have been found to boycott the program rendering it ineffective, resulting in the program in its entirety being found to be unconstitutional under Canadian law.

Mr. Justice Taliano of the Ontario Superior Court of Justice in his recent decision of April 11, 2011 in ***Her Majesty the Queen and Matthew Mernagh***, 2011 ONSC 2121, in striking down the existing Medical Marijuana Regulations in their entirety, as unconstitutional by failing to meet the requirements of **s.7 of the *Canadian Charter of Rights and Freedoms*** (the right to life, liberty, and the security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice), noted that the boycott by the medical profession of this program, when they are the gatekeepers, is primarily responsible for the failure of the current model.

In coming to this conclusion, the court not only reviewed the history of the various challenges to the law in relation to the provision of cannabis (marijuana) for medical purposes from ***Parker*** (2000 ONT.CA) to ***Beren*** (2009 BCSC) but also heard from patient witnesses from across the country about the nature of their illnesses and the difficulty in obtaining a supportive physician, as well as from the principal public servants (Jeannine Ritchot, Director, Bureau of Medical Cannabis, Office of Controlled Substances and Tobacco Directorate, Health Canada and Ronald Denault, Manager of the Marijuana Medical Access Division, Office of Controlled Substances, Health Canada) involved in the administration of the MMAR program. In addition the Court heard extensive evidence of the opposition from the medical profession to the program. This included specific opposition by the leaders of the medical profession to its proposed gatekeeper role (see paragraphs 144 through 154). The Court also noted that although marijuana has an extremely long history of therapeutic use, going back many centuries, it's criminalization in 1923 has resulted in significant stigma due to its status as a prohibited substance and this stigmatized view is shared by many physicians, illustrated by a 2007 survey put in evidence by Mr. Denault (paragraphs 157 through 160). The express disapproval of the Canadian Medical Protection Association (CMPA) is noted in the reference to the Report of the Senate Committee (the Nolin Report) and that Committees made a specific recommendation that physicians not be the gatekeepers under the MMAR program. (Paragraphs 165 through173).

Taliano J. also heard expert evidence on the influence of the pharmaceutical industry on

the medical profession and that much of the problem of drug overuse and the resultant problem of adverse reactions related to the aggressive marketing tactics of the drug industry whose agents spent considerable time targeting high prescribing doctors and hospital in-house staff to prescribe their companies drugs. They are not promoting medicinal marijuana. Further, the medical profession's reliance on pharmaceutical industry drug approval and their lack of training in herbal medicines continues to make it unrealistic for the medical profession to be the gatekeepers. (paragraphs 174 through 186) The Court also heard from experts on the use and abuse of pharmaceutical drugs noting some of the adverse consequences of the medical professions reliance on the pharmaceutical industry. The expert testified as to the problems of conventional treatment of chronic pain, for example, through the use of potent prescription narcotics that provide a variety of problems including undesirable physical symptoms, addiction and accidental death. By contrast, the expert Dr. Rosenbloom testified, the potential adverse effects of cannabis are minor, it is no longer considered a gateway drug nor is it linked to lung cancer. It is certainly less dangerous than alcohol, narcotics and cocaine and that greater access to cannabis would likely lower the burden of narcotic abuse and its harmful sequaelae (paragraph 187 through 192).

After hearing this extensive evidence, including statistics as to the number of participating physicians in the program and the number who are not, the Court found as a fact that the physicians of Canada have massively boycotted the MMAR and their overwhelming refusal to participate in the program completely undermined its effectiveness. He further found that the medical profession did not intend to accept the responsibility it was given by Parliament and that it will not do so. (Paragraphs 193 through 200 and 202-217 and see also paragraphs 222 - 234). One of the alternative solutions suggested by the court was to allow other healthcare practitioners to make declarations, including practitioners such as naturopaths or herbalists, who by the very nature of their training have a more extensive knowledge of alternative forms of medicine (paragraph 279).

To place cannabis marijuana in context in relation to other drugs controlled by physicians one need only have regard to the characteristics of marijuana detailed by the Supreme Court of Canada in ***R v. Malmo Levine: R v. Caine*** [2003] 3 SCR 571 at paragraph 192 set out in the ***Mernagh*** decision pages 91 to 93.

Consequently while I agree that a determination with respect to the use of marijuana for medical purposes is a medical one to be made in consultation with a healthcare practitioner having some experience in the subject matter, in my opinion it should not be limited to the person's physician, if they are lucky enough to have one, nor to just physicians generally. The gatekeeper role has to be expanded to include naturopaths, herbalists, doctors of traditional Chinese medicine, and others such as nurse practitioners and perhaps pharmacists. This is the critical flaw in the existing program that needs to be addressed and fixed if there are to be any improvements. It needs to be recognized that these healthcare practitioners are involved in the recommendation and administration of many other much more dangerous drugs and are quite capable of educating themselves or being educated to perform this task, in order to eliminate the

current major problem with the program.

If the person has a primary care physician that person will inevitably participate to some degree as the custodian of the person's medical records. It is however not uncommon for persons to not have such a primary care physician and to rely on attending walk-in clinics. The role of the practitioner would be to make a diagnosis and to provide an authorization or prescription redeemable at a local dispensary that receives its supply from one of the new commercial producers. It is customary, as I understand it, in a regular medical practice, for a practitioner to start the patient off with a low dosage and to review that over time to try and determine a suitable daily dose, if possible, for the particular patient taking into account their individual circumstances, including the method of administration. Presumably the current method of calculating dosage in grams per day and the subsequent calculation to determine how many plants a person can grow or have grown for them will be eliminated.

My experience in this regard comes from consultation with various physicians and in particular the physician associated to the **Medicinal Marijuana Resource Centre** in Vancouver, B.C. that was specifically set up to address this and other deficiencies in the current program. This centre is not a dispensary but a place where patients could go to get assistance in relation to their applications under the existing MMAR, including the gathering of relevant medical information and obtaining a referral to a doctor informed on the subject matter. The primary physician associated to the Centre is **Dr.** [redacted], who has communicated with you directly on this subject.

Elimination of the categories of conditions or symptoms from the legislation makes sense, leaving it to the practitioners to determine what is appropriate in any given circumstance, just as they do in relation to much more serious and dangerous drugs such as 'prescription narcotics. The primary health care worker attending to the patient can consult with others including specialists if the circumstances warrant such consultations. Guidance with respect to the use of cannabis for compassionate end-of-life care or for symptoms related to specific medical conditions or debilitating symptoms associated with a medical condition or treatment for the condition can be obtained through publications by the proposed **Expert Advisory Committee** and others and perhaps maintained on a webpage to provide easy access to the information by healthcare practitioners. This Committee should also be multidisciplinary ensuring membership from the various types of practitioners, especially those trained in whole plant medicine.

The role of the healthcare practitioners will be to complete the new form that may or may not require consultation with others and perhaps even research of publications of relevance. The role of the **Expert Advisory Committee** should not be limited to improving physician access to the proposed information but should be directed to all healthcare practitioners and the public generally.

Ultimately it is hoped that the Colleges of Physicians and Surgeons and other licensing authorities will provide continuing medical education for their members on the subject

matter and perhaps create a "specialty" within their profession to which others can refer.

Dried Marijuana Production and Distribution

It is noted that Health Canada will no longer be in the business of supplying and distributing dried marijuana and marijuana seeds and that it is expected that "licensed commercial producers" will become the sole source of supply. Personal and designated production would be phased out over time.

While I welcome the elimination of the government supply and the development of commercial producers I am concerned about the attempt to phase out the constitutional right to personal production as an adjunct to possession at reasonable cost and I am concerned about the impact of the elimination of designated users who have developed the ability to produce the particular strains in demand by the patients they are growing for, and in some cases, have invested significantly in locations and equipment to do so. Hopefully these individuals, whether alone or in combination, will be able to qualify as licensed commercial producers.

In my opinion the Personal Production license should remain for the individual who wishes to grow for himself or herself and likely at their personal residence. However, I agree that the local police, and the local Green team or Public Safety Inspection team, if one exists, should be made aware of its location on a confidential basis so as to distinguish it from an illegal operation. The production facility should be subject to all local bylaws in relation to fire and electrical safety and other health issues. It must be remembered that this is a production by a patient for themselves and not as a business. I also agree that if the production is in excess of say 15 plants, it may be that the production will have to take place at a location other than the residence in a residential area. This compromise may have to be made simply due to public safety and smell issues out of consideration for the neighbours. The same problem does not exist in rural or agricultural areas to the same extent so that plant limits may be higher but other rules and regulations in relation to notice should be equally applicable.

The new licensed commercial producers would be a business operation and would therefore have to comply with all local bylaws including appropriate zoning and health and safety issues. In addition, as indicated in the **Consultation Document** the commercial producer would have to meet the other requirements pertaining to – product quality, personnel, recordkeeping, safety and security, disposal and reporting – as will be set out in the new regulations and be subject to a comprehensive compliance and enforcement regime with regular audits and inspections. Presumably these would be carried out by Health Canada inspectors and not the police but would be complemented by local inspectors in relation to local bylaw issues. As indicated labelling and packaging to demonstrate legality will be required.

The **Consultation Document** indicates that the commercial producers would only be permitted to produce marijuana indoors. This is a mistake. Producers whether for themselves or for others should be able to grow both indoors and outdoors and some

clarification will be required as to whether a greenhouse is "indoors" or not. I am advised by expert medical producers, including [redacted] who has published significantly on this topic in Cannabis Culture magazine, among others, that outdoor strains have specific properties that cannot be duplicated in artificial light and cannot be grown indoors and it is undesirable to eliminate those strains in terms of availability for patients. Similarly indoor grown marijuana has specific properties that cannot be duplicated in nature, because of time variation and artificial lighting. These strains cannot be duplicated outdoors. It is also undesirable to see these strains disappear. Consequently the strains available for both indoor and outdoor marijuana are required to meet the demands of the medical market in terms of strains of marijuana. The variation in climate, sun, shade, Co2, and the variation in daytime/night time temperature all create specific specialties within strains.

Experience in the medical market to date shows a demand for various different strains and the need to change one strain from time to time depending upon the nature of the particular medical condition. License producers should be able to grow any strain of marijuana they wish depending upon market demand. It is anticipated that some will produce better quality than others and that the market will be the determinant over and above any regulations. The licensed producer will set the price for the product taking into account the cost of production. It is known that it is more costly to grow medical strains organically and with the care required for medicine as opposed to what is produced for the illicit recreational market where profit is the driving force behind the producer. Consequently it is anticipated that the prices will be higher than the commercial market and that there will be some patients who are unable to afford to purchase a strain that works for them on a regular basis and who will also be unable to grow for themselves either because of the nature of their illness or their simple inability to do so. Some provision has to be made for those who cannot grow it for themselves nor afford the price of the medicine. Why can't it be covered by Pharmacare, especially for seniors?

It is indicated in the **Consultation Document** that commercial producers would only be able to send the dried marijuana they produce to individuals by registered mail or bonded courier. While this may make sense if the patient is located some distance away from the producer, it is anticipated that there will be producers nearby to most patients and consequently having the equivalent of a pharmacy nearby, such as a "Dispensary" or "Compassion Club" is desirable.

It is respectfully submitted that the producers who have been producing quality medical cannabis are those who have been growing for a long time for Compassion Clubs. They are the ones who have developed the particular strains demanded by patients and have the expertise in that regard. Regular producers for the commercial market are concerned solely with profit and therefore grow strains popular in the recreational market and do so as quickly as possible, often using chemicals, in order to get the crop to market as soon as they can. While current Designated Producers have also developed some expertise under the current program, they have been limited in terms of the number of persons they can grow for. They have not been permitted by law to

grow for a Compassion Club or dispensary with many members, and if they did so they would have been breaching their license. Compassion Club growers have been growing illegally although the courts have usually sentenced such persons, if caught, to absolute or conditional discharges, provided the evidence shows them doing so solely for medical purposes and on an altruistic basis. Indeed in non-RCMP areas the local police have frequently turned a blind eye these operations, taking the position that they have more important matters to deal with, having been satisfied that the local clubs are only providing to patients with physician support. The question arises as to how these individuals will be able to come forward to demonstrate their abilities in relation to quality and variety of strains given that they have been operating unlawfully for some time. Will they be granted immunity or an amnesty? I will address this further and in more detail under the heading below to do with the **Opportunity for those interested in becoming a licensed commercial producer.**

Impact on current program participants holding an authorization to possess marijuana for medical purposes.

This part of the **Consultation Document** provides a brief description of how the new process will work, with the patient obtaining a document from the physician and then the medicine from the licensed producer. It repeats that distribution would be only by registered mail or bonded courier. It also indicates that there will be no Health Canada identification card so that the question of how the patient will prove that one is lawfully in possession has yet to be determined.

While I generally support the elimination of the Health Canada approval process allowing the healthcare practitioner to make the healthcare determination and complete the appropriate form, much like a prescription, the proposal with respect to the licensed commercial producers seems to contemplate a specific order being made by the practitioner that the producer will then have to produce to complete the order and this will take some time and will involve some delay, unless the producer has a particular strain available in storage at the time of the request. When a patient attends a Compassion Club or Dispensary there is usually a menu that sets out the varieties available and pricing so that the patient can immediately fill the "prescription" much like a pharmacy. Consequently it is submitted that the licensed producer should be able to grow for Compassion Clubs or Dispensaries and the patient should be able to access the medicine through such a club or dispensary as an alternative to being directly supplied by a bonded courier. Many of the Compassion Clubs are non-profit societies providing a holistic medical approach for their members. They should be licensed as distributors for patients. Consideration should be given to licensing such clubs/dispensaries as both the commercial producers and distributors for patients who have the appropriate physicians form completed and approved. These clubs/dispensaries have been essentially operating close to the model being proposed:

> **1.** To be a member of the club or dispensary the patient asked to have the support of the doctor or, in some cases a naturopath or doctor of Chinese traditional medicine verified in writing for their particular ailment;

2. Once verified the member can attend at the club and select from a number of varieties of strains including crosses and edibles, sometimes capsules and then are educated on various methods of intake and the advantages and disadvantages of them;

3. The growers or commercial producers grow a variety of strains depending upon the demand from the members and taking into account the anticipated demand based on the types of illnesses and types of strains commonly demanded. Pricing to the patient's is set by the clubs/dispensaries who in turn negotiate quality, quantity and prices with their growers

It is respectfully submitted that this model accomplishes a method for the delivery of medical marijuana to patients approved by a healthcare practitioner through a non-profit society that has in turn contracted with organic growers of medical marijuana for their members. The same could be done for specific medical clinics or centres. Both production and distribution should be separated in this fashion eliminating reliance on bonded couriers and the post office.

Impact on current program participants who hold a Personal – Use or Designated – Person production license.

As indicated above it is my opinion that the Personal Use Producer for oneself should be permitted to continue subject only to local regulation and if the permit allows for the production in excess of 15 plants in a residential setting and lesser restrictions and rural and agricultural areas. I expect any attempt to eliminate such licenses will be met by a constitutional challenge.

Designated producers on the other hand should be considered either individually or in combination to become licensed commercial producers along with those who, while not designated, have been performing this function for Compassion Clubs and Dispensaries. They are the persons with the expertise in relation to quality for medical purposes and have the knowledge and expertise in the production of the various strains required. Some commercial growers will no doubt also wish to participate in this market and they should be able to do so if they meet the requirements for a commercial producers license to produce medical marijuana including various strains and can demonstrate their ability to do so.

In the absence of the Health Canada card the individual will have to produce the healthcare practitioner completed form to show that they have an exception to the general law, when requested to do so, much like showing one's prescription for other medication to show that one is lawfully entitled to possess it. Further, the permit should not be restricted to "dried marijuana" and should permit the possession of other forms of marijuana such as edibles. Vaporizing and metered dosed capsules should also be encouraged and available as an alternative to smoking.

Opportunity for those interested in becoming a licensed commercial producer

It is anticipated that there will be a number of individuals, partnerships, corporations, cooperatives, and societies that will apply for one of these types of licenses. Consideration should be given to separate licenses for distribution so that the producer simply provides it to the distributor and the patient accesses the medicine from the distributor. As indicated above the Compassion Club/Dispensary model currently functions in this manner.

As indicated above, the licensed commercial producer would be involved in a business and must therefore comply with all local bylaws whether producing indoors or outdoors. Limiting production to indoors is a mistake as it will limit the strains available to patients. That the production facility, whether indoor or outdoor, not be located in the residential area is common sense but with an exception for personal producers growing less than 15 plants. That the commercial producer will have to meet physical security standards, product quality standards and packaging and labelling standards is a given.

With respect to the disposal of excess plant material, excess dried marijuana and/or expired dried marijuana it is assumed that any product that is no longer viable will be destroyed by burning or otherwise. There should, however, not be any excess plant material if the licensed commercial producer is growing for more than a few people and is able to adequately store the excess to ensure availability for the particular patient of the particular strain without a new production having to be made each time a patient is in need of medicine. Again the producers should follow the Compassion Club/Dispensary model for both production and distribution.

With respect to "personnel" the issue of amnesty or immunity arises given that the individual will be required to have specific qualifications, at least in production and possibly in distribution. Growers for Compassion Clubs and Dispensaries have been producing unlawfully but are the ones who have the expertise in the production of medical grade cannabis of various strains. This needs to be addressed. Will a company be entitled to become a licensed commercial producer, leaving it to the company to hire the appropriate growers, without the need for Health Canada approval of the particular individual grower? Can determination of the grower's abilities and qualifications be left of the company, cooperative or other entity? These questions also arise under the "**Compliance and Enforcement**" subheading. While inspections and audits on an ongoing basis are expected, what will the prequalification audit and pre-licensing inspection entail? How does an experienced grower demonstrate their ability without incriminating themselves in relation to past unlawful conduct? The other recordkeeping and reporting requirements are to be expected given the nature of the license in context of the demand in the illicit market.

In conclusion it is therefore respectfully submitted that:

1. A person who, in consultation with a healthcare practitioner, defined to include more than just a physician and in particular those familiar with whole plant and natural

healthcare type medicines, determines that cannabis (marijuana) may be helpful to that person in the treatment of their healthcare problem, has a constitutional right to possess marijuana as medicine and to have access to it for such purposes at a reasonable cost, including the ability to produce it for themselves, subject to appropriate rules and regulations depending upon location and other factors;

2. The healthcare practitioner can consult various others and information from the Expert Advisory Committee and others to familiarize themselves and obtain experience in this area in order to be able to diagnose and complete the prescribed form for the patient for the medical condition in question.;

3. Upon receipt of the completed form the patient should be able to fill the "prescription" in much the same manner as any other medicine that could be obtained at a pharmacy nearby and the long-established Compassion Clubs and more recent Dispensaries are designed to fulfill that role and more by educating their patients on the different strains for different purposes, and modes of delivery that minimize problems from smoking as well as the many other benefits that member patients of these organizations describe.

4. The licensed commercial producers would produce for Compassion Clubs, Dispensaries, Clinics, and other similar organizations and through the process that has been developed between producers and distributors be able to set the market price for the product between the producers/wholesalers and the distributors/retailers depending upon demand and cost of production and other factors, and the distributors/retailers would similarly set the price to the patient's based on demand and the cost of distribution and possible other factors. Some provision needs to be made for those who need medicine and cannot afford it.

5. The medical marijuana industry would be regulated for quality and quantity purposes and would be regulated and taxed the same way as any other similar type of business. Producers and distributors whether wholesale or retail would be exempt from HST as supplying "medicine" but would otherwise pay taxes on any income derived as individuals, corporations, cooperatives, or non profits.

*Mr. [redacted] is a Barrister, called to the bar of British Columbia in [redacted]. His practice is located in Abbotsford, B. C and he lives in Mission, B. C. His practice is primarily as defence counsel in criminal matters with a related constitutional and administrative law focus. He has an extensive post sentence practice arising out of the existence of many federal prisons located in the Fraser Valley as well as in relation to Canadian citizens imprisoned abroad. He was appointed Queen's Counsel in [redacted].

In or about [redacted] was retained to run the first Community Law Office in B. C. In that capacity he was responsible for the incorporation of [redacted], as a non profit Canada corporation, designed to facilitate a legal and nonviolent or peaceful change in the laws prohibiting the possession of cannabis in Canada, while associated to the parent organization attempting to achieve the same objectives in the USA. Mr. [redacted] has acted in numerous cannabis cases of all kinds and at all levels of court. He was counsel to [redacted] in the Supreme Court of Canada in [redacted] in the challenge to the current cannabis laws. He appeared recently in that court on behalf of [redacted] by way of cross-appeal, [redacted] seeking to uphold the continued existence of the [redacted].

In relation to medical marijuana, Mr. [redacted] incorporated and has acted as legal counsel to the [redacted] since its inception some 14 years ago and has acted for numerous club members and workers, including growers, who have come before the courts on account of their compassionate activity. Mr. [redacted] also acted for [redacted] of the [redacted] and more recently, with associate [redacted], for [redacted], a grower and researcher for the [redacted] who successfully challenged aspects of the current regulations in the BC Supreme Court. A detailed curriculum vitae is available at www.[redacted]com and particulars of the medical marijuana cases in which he has been involved can be found at that website in the 'library' under "medical marijuana".

From: [redacted].
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-29-38 Health Canada - Proposals for Reform of the MMAR
Date: 2011-07-29 08:41 PM
Attachments: Health Canada - Consultation on proposed improves to the Marihuana Medical Access Program.doc

Dear Sir or Madam,

I am attaching my submission to you with respect to the proposed changes to improve the MMA Regulations which I hope will be of some use to you in your deliberations as to the contents of the proposed new regulations. If there is a subsequent opportunity to comment on draft regulations I would appreciate an opportunity to do so.
I will be in Ottawa at the Lord Elgin Hotel at a Conference of the International Society for the Reform of the Criminal Law from August 6th through 12th if you would like to discuss any aspects of my submission or your proposals in person. Otherwise I can be reached through this email or my Abbotsford office as set out below.

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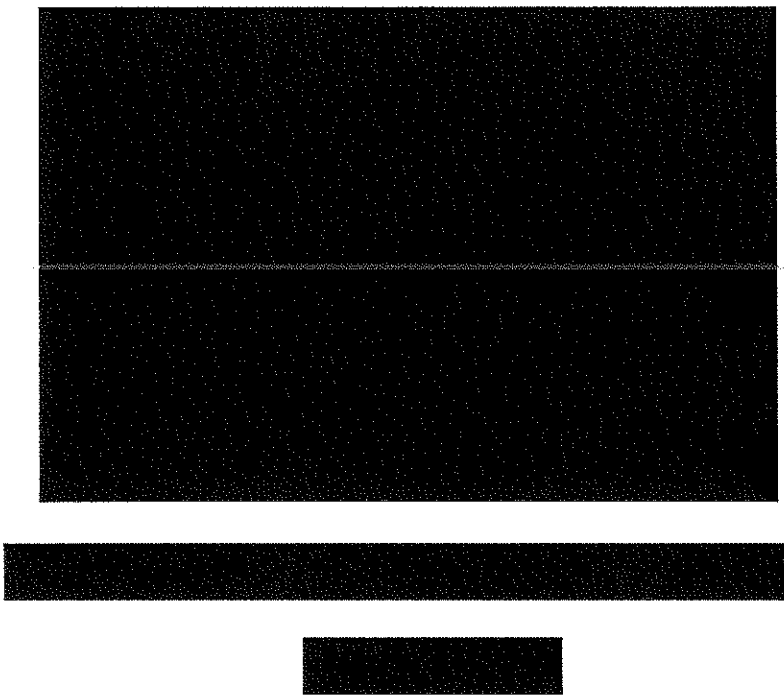

Submission to Health Canada: Consultation on Proposed Improvements to Marihuana Medical Access Program

July 29, 2011

July 29, 2011

Marihuana Consultations
Controlled Substances and Tobacco Directorate
Health Canada
Mail Room, Federal Records Centre - Bldg 18
1st Floor, 161 Goldenrod Driveway, Tunney's Pasture
Ottawa ON K1A 0K9

Via e-mail: consultations-marihuana@hc-sc.gc.ca

Please accept this letter and the views herein as the submission of the [redacted] for the Consultation on Proposed Improvements to Health Canada's Marihuana Medical Access Program.

The [redacted] represents close to 300,000 full-time, professional fire fighters in North America, including 21,700 in Canada who are first on scene in virtually every kind of emergency whether it is a structure fire, a medical emergency or a natural or man-made disaster. Professional fire fighters protect 85 per cent of Canada's population and infrastructure and are a part of the nation's critical infrastructure.

The [redacted] appreciates this opportunity to provide our views to Health Canada in this consultation, specifically on Section 7 of the Consultation Document, which generally describes a proposed Opportunity for Those Interested in Becoming a Licensed Commercial Producer.

In the event of a structure fire, it is the duty of fire fighters, who are usually the first on scene, to assess the nature of the emergency, to proactively ensure the safety of anyone who may be trapped and in need of rescue and to minimize damage to the property and its contents, and any adjacent exposures. This often requires fire fighters to enter a burning structure to perform search and rescue and to perform aggressive interior suppression techniques.

This is true in the event of an emergency call at any kind of structure that is being used for the cultivation of marijuana, whether it is an illicit marijuana growing operation in a residential home or a licensed commercial indoor marijuana growing operation, such as that proposed by Health Canada in its endeavour to improve access to medical marijuana in Canada.

The [redacted] agrees with the proposal to restrict commercial marijuana growing facilities to non-residential areas, mainly in the interest of public safety.

It is worth noting in the context of this issue and the [redacted]'s interest in ensuring fire fighter safety during response to marijuana growing operations that in 2004, the [redacted] used a consultative process to address a related problem. Working with the government of the day and with officials at the federal Department of Justice in Ottawa, the [redacted] was able to secure increased protections from a specific hazard of responding to fires or other emergencies inside *illegal* marijuana production facilities with the passage of Bill C-14. This legislation strengthened existing *Criminal Code* provisions by adding the offence of *Setting a Trap* inside places kept for criminal purposes.

Previously, the maximum prison sentence for setting a trap was five years imprisonment. Under the new law, it rose to 10 years imprisonment if the trap is set "inside a place kept or used for the purpose of committing another indictable offence." Subsequent to the enactment of Bill C-14, the *Criminal Code* of Canada now provides that if bodily harm occurs as the result of a trap set inside a place kept for criminal purposes, the maximum punishment is 14 years imprisonment, and if death results, the law provides for life imprisonment.

Even in the case of a licensed commercial marijuana growing operation, emergency response to such incidents as fires or structural collapse by fire fighters and other first responders poses some unique risks. A commercial marijuana growing facility could be expected to have a large electrical system with elaborate electrical wiring and infrastructure. Electricity is not only a common cause of fires in marijuana growing operations, but it is also a known hazard to fire fighters, who may be spreading large amounts of water in the facility in order to control fire spread.

In addition, a commercial marijuana growing operation may contain chemicals such as fertilizers which may compound any hazards to fire fighters responding to a fire.

For these reasons, the [redacted] asks Health Canada to make it conditional to the licensing of commercial marijuana growers that their facilities are inspected on an annual basis to ensure that they are fully compliant with the electrical code, building code and fire codes that apply in their respective jurisdiction, as well as any regulations governing chemical storage. The [redacted] further recommends that commercial growing facilities should be fitted with automatic sprinklers as a condition of their licence.

The ability to obtain information about the hazards present at the scene of an alarm is a key element of fire fighters' ability to respond safely when entering a structure, especially a commercial structure. As a result, various methods of providing this information to fire fighters while en route or upon arrival at the scene have been established, such as the placarding system used for trucks and railways cars, which tells fire fighters which specific chemicals or other substances are present. This in turn allows fire fighters to refer to manuals which specify the properties of those chemicals and the recommended method of responding to those chemicals to ensure fire fighter and public safety.

Through our Department of Education and Training, the [redacted] has developed resources for professional fire fighters on specific elements of tactical response, including hazardous materials response and response to drug production or cultivation facilities. The ability to implement this training in the field, however, is dependent upon knowing that those specific hazards exist at the site of an emergency call.

The [redacted] understands the need for commercial producers to keep the nature of their facilities unknown to the public, however we would urge Health Canada to devise some form of system whereby fire dispatchers can notify fire fighters and other first responders that a facility is a licensed marijuana growing facility prior to or upon arrival at the scene, so that personnel can take adequate precautions against the inherent hazards and plan their response accordingly.

While we would also understand the need for licensed commercial producers to implement advanced security measures at their production facilities, the [redacted] asks Health Canada, in the name of first

responder safety, to clearly and expressly specify to licensed commercial growers that any kinds of traps or similar devices intended to obstruct or harm anyone who disturbs their growing facility are strictly prohibited. Non-use of traps to safeguard the facility should be a considered a condition of the licence.

In summary, the [redacted] recommends that Health Canada, in its consideration of proposed improvements to the Marihuana Medical Access Program:

- **Only license commercial facilities in non-residential areas**
- **Actively ensure through ongoing inspection that all facilities in use by licensed producers comply with all applicable electrical, building and fire codes, as well as chemical storage regulations, as a condition of the licence**
- **The [redacted] recommends that commercial growing facilities should be fitted with automatic sprinklers as a condition of their licence.**
- **That some system is devised that would provide fire fighters or other first responders with the information that the location of an emergency call is a licensed commercial medical marijuana growing facility; and**
- **That licensed producers are specifically made aware that traps intended to obstruct or harm anyone who attempts to interfere with the facility are strictly prohibited and that the continued non-use of traps is a condition of the licence**

Please do not hesitate to contact me at the [redacted] Office if you have any questions about our views on the Proposed Improvements to Health Canada's Marihuana Medical Access Program as they relate to fire fighter safety.

We thank you again for the opportunity to share our views on this important matter.

Sincerely yours,

[redacted]
Assistant to the [redacted]
[redacted]
[redacted]
Ottawa, ON [redacted]
(613) [redacted]
[redacted]@[redacted].org

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Cc: [redacted]
Subject: 11-07-29-90 Marihuana Consultations
Date: 2011-07-29 03:00 PM
Attachments: [redacted] Submission (Marihuana Consultation) FINAL.pdf

Marihuana Consultations
Controlled Substances and Tobacco Directorate
Health Canada
Mail Room, Federal Records Centre - Bldg 18
1st Floor, 161 Goldenrod Driveway, Tunney's Pasture
Ottawa ON K1A 0K9

On behalf of Mr. [redacted], Assistant to the [redacted] please find attached our submission to Health Canada with respect to the consultation on proposed improvements to the Marihuana Medical Access Program.

Should you require any further information, please do not hesitate to contact our office at (613) [redacted]. Thank you very much in advance for your consideration.

Kind regards,

[redacted]
Ottawa ON [redacted]
T: (613) [redacted]
www.[redacted].org/canada

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-29-100 Consultation input from [redacted]
Date: 2011-07-29 02:39 PM

By Mail and Email

Marihuana Consultations

Controlled Substances and Tobacco Directorate

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July 29, 2011

Attn: Health Canada;

We, the [redacted] and myself [redacted], are submitting comments on the Consultation Document for *Proposed Improvements to Health Canada's Marihuana Medical Access Regulations* for your consideration. I have held a personal possession permit for 4 years, and have grown under a PPL and DGL permits. During this time I have met with many patients, growers, landlords, compassion clubs, politicians, and members of law enforcement.

I founded the [redacted] in February of this year, and our public launch happened just days after the proposed changes to the regulations were announced. The week after our launch, the BC Fire Chiefs Association sent out a press release with their suggestions for the new regulatory framework, and what we have here in Hamilton complied with it in full, as well as the recommendations coming out of Surrey, BC.

The [redacted] is a medical cannabis resource centre that provides support and information regarding the medical use of cannabis for both patients and physicians. We are a proud member of the Hamilton Chamber of Commerce, and have had our business model reviewed by Hamilton Police Service, the City of Hamilton, bylaw enforcement, as well as the MMAR office (although we did not receive a reply).

Our office is open to the general public, and provides referrals to physicians who have experience with the MMAR, as well as connecting patients to cultivators eligible under the Designated Grower system. No cannabis is stored on displayed on site – it is all stored and shipped from the licensed production facilities on our roster. Our administration team co-ordinates the process for both patients and cultivators, to ensure quality control and regulatory compliance. All cannabis is mailed directly from the Designated Grower's production facility to home address of the patient licensed to receive it, and my company charges a service fee to

coordinate the process and ensure a constant supply of qualified cultivators.

It is within this context that we are providing our feedback on the proposed changes to the MMAR. We believe that the proposed changes match our current operations quite well and look forward to the release of the draft regulations.

The concerns expressed by groups like the BC Fire Chiefs Association and the City of Surrey in BC centred mostly around fire and electrical inspections, and concerns that some growers had more plants on site than the permits allowed. But all of these concerns can be adequately addressed with some cooperation between relevant stakeholders, as we have shown in Hamilton. We make our growers disclose their name and home address to local authorities, while ensuring all production facilities are known to the city and local police, and first inspected for fire and electrical safety. The growers in turn feel protected, the patient's supply becomes stable, and there are no risks to the community.

The [redacted] supports the concept of having the private sector conduct the production and distribution of medical cannabis, rather than individual designated growers. We believe that opening the market to competition will help ensure patients receive the best possible quality care and medicine, while reducing wait times. We are however concerned with the removal of Personal Production Licenses (PPL).

The primary concern with removing PPL is the cost to the patient of an entirely user-paid system, particularly after many have invested in growing equipment. For this new regulatory regime to be accepted, I would strongly suggest that either there be a subsidy for those with economic hardship, or the PPL permit framework be maintained with minor changes such as a requirement to have the facility inspected by the local municipality for zoning concerns, fire safety, etc.

Another issue of concern is the requirement that all production remain indoors. The concerns around security are frequently cited, but the reality is that cannabis plants are large, smelly, and difficult to move. A simply system of motion detectors and video cameras can alert any property owner to the presence of an intruder. With most police response times being about 15 minutes there simply isn't enough time for anyone to make off with much cannabis. Smash and grabs work in jewellery stores but not in agriculture. The primary concern here is the amount of power required to produce for thousands of patients indoors. At the current rate of applicants to this program, it won't be long before cannabis production has its own slice in a pie chart of this country's electricity consumption.

We feel that achievable security requirements for buildings and educational requirements for staff are appropriate, but there is fear among many that these changes will represent a move away from "mom and pop" producers, and more towards "big pharma" being the only ones able to obtain production licenses. We feel such a move would disenfranchise many of the people the changes are intended to help, and could hinder the acceptance of the new framework for the most crucial of stakeholders.

There would be some value in considering a way to ensure those presently employed as Designated Growers are able to find some employment or role in this new regulatory framework. These individuals work closely with their patients, and many are related. Once the new framework is announced, there will surely be criticisms from various groups. Giving hope to those who have invested many years and thousands of dollars in the current system would serve the interests of your review well.

The [redacted] appreciates the opportunity to provide our feedback to Health Canada, both in the form of this written consultation and in the upcoming

meetings with medical cannabis dispensaries. We believe that this is a strong step forward and we are happy to be taking it with you. We look forward to further details as they are released.

Sincerely,

[redacted]

Director, [redacted]

[redacted]

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SUBMISSION OF THE [redacted] IN RESPONSE TO PROPOSED IMPROVEMENTS TO HEALTH CANADA'S MARIHUANA MEDICAL ACCESS PROGRAM

INTRODUCTION

The [redacted] was established in 2010 to advocate for the repeal of cannabis prohibition and its replacement with a system of regulated production and distribution. It operates the website www.[redacted].ca, Canada's largest dedicated drug policy reform website and host to more than 30,000 members. The [redacted]'s mission includes advocacy on behalf of safe access to medicinal cannabis and cannabis byproducts for those obtaining therapeutic and medicinal benefit.

This submission responds to Health Canada's consultation document titled "Proposed Improvements to Health Canada's Marihuana Medical Access Program" (the "Consultation Document"). In the Consultation Document, Health Canada foreshadows significant changes to Canada's medical cannabis policies. The [redacted] welcomes Health Canada's tacit acknowledgement that the current Marihuana Medical Access Regulation (MMAR) system is deeply flawed and in need of significant reform. That reform is necessary in two primary areas: (1) the need to improve access to the legal protections afforded by the legislative and regulatory scheme; and (2) the need to provide consumers with safe access to an effective supply of medicinal cannabis and cannabis byproducts. This submission lays out the [redacted]'s view of the proposed changes and offers suggestions for making necessary improvements to the federal program.

BROAD POLICY CONSIDERATIONS

Canada's medical cannabis policy, currently embodied in the MMAR, does not exist in a legislative or regulatory vacuum. The impact of existing legislation, principally the Controlled Drugs and Substances Act, and regulations, including the Narcotic Control Regulation and Natural Health Product Regulation, cannot be overstated. As an initial policy matter, the [redacted] submits that the scope of the intended review is far too narrow given the context in which access to medicinal cannabis in Canada takes place. A litany of difficulties with the existing situation exist and come from a wide variety of stakeholders including - most importantly - consumers but also producers, distributors, municipalities, law enforcement authorities, health care practitioners and members of the general public. The primary concerns are addressed below. Nevertheless, it is critical to note at the outset that the vast majority of concerns - real or purported - simply cannot be adequately addressed by merely altering the medicinal cannabis access regime. A broad-based review and reformulation of Canada's cannabis policy is of critical importance.

The [redacted] acknowledges that the Consultation Document is clear that ending cannabis prohibition is not being contemplated at this time. In the strongest possible terms, the [redacted] submits that this apparent willful blindness to the broader policy context does a deep disservice to all stakeholders and, indeed, all Canadians. We urge Health Canada to undertake a thorough consultation and review of the prohibition on cannabis contained in the Controlled Drugs and Substances Act in order to adequately understand and ameliorate the negative effects of that prohibition on medicinal cannabis consumers and on Canadians and Canadian society generally. Until broad policy changes are implemented, altering the medical cannabis access regime is nothing more than a band-aid solution to a crisis requiring major reconstructive surgery. Virtually all of the concerns expressed by stakeholders can be addressed by ending prohibition and implementing a non-criminal regulatory regime.

THE COURTS AND THE CHARTER OF RIGHTS AND FREEDOMS

The Consultation Document indicates that improvements are being contemplated but fails to acknowledge that a motivation for major change is the leading judicial decisions in this area including ***R. v. Parker*** (2000), 188 D.L.R. (4th) 385 (Ont. C.A.), ***Hitzig et. al. v. Canada*** (2003), 177 C.C.C. (3d) 449 (Ont. C.A.), ***Canada (Attorney General) v. Sfetkopoulos*** 2008 FCA 328, ***R. v. Beren*** 2009 BCSC 429 and ***R v. Mernagh***, 2011 ONSC 2121. Because these decisions identify deficiencies in the existing regime that have not been addressed to date, and in large part do not appear to be addressed in the proposed changes, this submission will deal with those cases in addition to the stated reasons for contemplating improvements to the system.

On July 31, 2000, the Ontario Court of Appeal confirmed the existence of a constitutional right to choose cannabis as medicine. The government chose not to appeal this decision and the ***Parker*** case became the seminal case on the constitutional requirement that the government provide a means by which medical cannabis users can be exempted from the operation of the criminal law. Subsequent cases, up to and including the recent decision in ***Mernagh***, have confirmed that the right to access medical cannabis is protected by the Charter.

This Charter-based right encompasses two general categories; access to the legal protections of a program (the "Access Issue") and access to a safe and effective supply of the medicine (the "Supply Issue"). ***Parker*** dealt with both issues, ultimately concluding that Parker's right to produce and possess cannabis for his personal medical use was worth of Charter protection. ***Hitzig*** also dealt with both issues and, while the physician-as-gatekeeper requirement was not, at that time, found to infringe the Charter, the Court ordered changes to both the Access and Supply sides of the MMAR. ***Sfetkopolous*** addressed further

continuing Supply Issues and, again, found features of the MMAR to violate the Charter. ***Beren*** addressed both Access and Supply Issues, ultimately concluding on the facts presented that certain portions of the MMAR were invalid due to arbitrary restrictions on supply. Finally, ***Mernagh*** principally addressed the Access Issue resulting in the declaration that the MMAR and sections 4 (prohibiting possession) and 7 (prohibiting production) of the CDSA were invalid because the physician-as-gatekeeper requirement acted as a barrier to accessing the legal protections of the regulatory scheme.

Several more items of litigation are pending in the Courts related to, without limitation, endemic delays associated with processing MMAR applications, the continued arbitrariness of the Supply side regulations and the MMAR's failure to allow for the lawful production, distribution and possession of cannabis byproducts such as edible, topical and oral modes of ingestion. All told, Canadian taxpayers have subsidized the federal government's unwillingness to conform its medical cannabis scheme to the dictates of the Charter to the tune of millions of dollars. If the proposals set out in the Consultation Document are implemented as proposed, there will undoubtedly be further litigation and medical consumers and caregivers will continue to suffer needlessly.

A PATIENT/CONSUMER ORIENTED APPROACH

Patient consumers are the most important stakeholder in this process. Unfortunately, for far too long the concerns and needs of Canada's patient population have been subordinated to concerns - some real, some false or exaggerated, of other stakeholder groups such as law enforcement and a vocal minority of municipalities. If Health Canada is truly interested in improving the regulatory scheme, it must put the concerns of patients in the foreground and craft a response that adequately addresses those concerns. Failing to do so, particularly at this juncture in the development of the program and in light of the litany of judicial decisions finding fault with both the regulations as written and the policy directives underlying the regulatory choices, would lead reasonable persons to conclude that the government's goal is not improvement but, rather, continued recalcitrance and opposition to actual reform.

1. Strains

Cannabis is a medicinal plant containing a multiplicity of active therapeutic compounds in proportions that vary significantly based upon the genetic profile of the particular plant. It comes in a number of cultivars, also called strains, each with differing features and medicinal effect. The Consultation Document implicitly recognizes this and suggests that private producers will be permitted to provide an unlimited number of strains to authorized persons. This is a welcome change but it raises certain questions, principally how the private producers will obtain

known genetic lines. While many cannabis seed breeders and distributors exist, both within and outside Canada, it will require a regulatory exemption to allow producers to lawfully obtain breeding stock.

Additionally, many existing authorized producers are already in possession of strains that have been developed for particular patient use. These genetic lines must be preserved. Finally, there exists (paraphrasing the ***Hitzig*** Court), a network of unlicensed producers that have been supplying Canada's compassion clubs for more than a decade. These producers have devoted countless hours to breeding and experimenting with various cultivars in order to meet patient need. The knowledge base of these heretofore unlawful producers is extensive and any regulatory reform must include provision for maintaining and expanding this know-how and the existing genetics.

2. Cost

Because there is currently no Canada-wide system for reimbursement of the cost of medicinal cannabis, cost is a major factor limiting access. The proposal to phase out personal and caregiver designated production will exacerbate this problem by taking away two of the most cost-effective means of accessing medicinal cannabis. In addition, patients and producers that have invested significant funds developing production facilities in reliance upon the existing regulatory framework will lose the value of those investments. Because of these facts, the [redacted] urges Health Canada to retain personal and caregiver designated production. Ideally the new system will increase the number of existing producers from the relatively minute number licensed under the existing MMAR.

3. Byproducts

Cannabis is ingested in a variety of formats. It can be smoked, vaporized, eaten, applied topically and incorporated into virtually any fat or alcohol-based medium. The dried plant matter can be processed resulting in the collection of resin which contains the active ingredients without any plant material. Unfortunately, the existing MMAR allows only possess of dried cannabis, removing patient options for other, potentially more efficacious and safer forms of using the medicine. The [redacted] submits that any improvements to the scheme must include provision for the lawful production, distribution and possession of cannabis resin and byproducts.

4. Stigmatization/Marginalization and Interaction with Law Enforcement

Cannabis use, even for medical purposes, takes place in a highly stigmatized environment. Misinformation about the plant, its consumers, distributors and

producers is legion. There remains unfounded skepticism about the many medicinal benefits of cannabis and a tremendous level of fear-mongering about its purported harms. The dangers of production are grossly overstated, principally by groups with vested interests in maintaining the existing criminal prohibition and preventing normalization of the consumption, distribution and production of cannabis. This climate of fear has a dramatic negative impact on patients and caregivers. Even persons authorized to possess cannabis, with valid identification issued pursuant to the MMAR, report harassment by law enforcement authorities, municipalities, landlords and public housing administrators.

Unfortunately, even the announcement of this consultation process and language in the Consultation Document itself contributes to the stigma and marginalization by suggesting that the current MMAR require "improvement" not in order to address the serious patient-oriented deficiencies well-known to Health Canada and found to exist repeatedly by the Courts but, rather, "[t]o reduce the risk of abuse and exploitation by criminal elements and keep our children and communities safe." This language crystallizes much of what is wrong with the government's approach to the issue of medicinal cannabis. There is little evidence that the current MMAR are being abused and exploited by criminal elements (indeed, the very small number of lawful producers in the face of an unlawful cannabis industry that currently employs hundreds of thousands of Canadians suggests that any such exploitation is minimal at worst) and no credible evidence that medicinal cannabis consumption and production by authorized persons poses any risk to "children and communities." Using this politically charged language, reminiscent of the prohibitionist "war on drugs" rhetoric that accompanies discussion of the issue of cannabis generally, is unhelpful at best. Worse, the Consultation Document explicitly rejects the only policy approach that would minimize the harms associated with criminal involvement in cannabis production and distribution: ending prohibition entirely and implementing a system of reasonable non-criminal regulation.

Health Canada should assist in ameliorating, rather than enhancing, stigma by adopting a strict evidence-based approach to evaluating and regurgitating claims of harm. In addition, any changes in the scheme must include a standardized means by which authorized persons can identify themselves as such to law enforcement and a comprehensive outreach program designed to educate all stakeholders about cannabis consumption, distribution and production.

THE CONCERNS IDENTIFIED IN THE CONSULTATION DOCUMENT

The Consultation Document identifies certain concerns raised by stakeholders. The [redacted] reproduces these below, with comment.

1. The potential for diversion of marihuana produced for medical purposes to the illicit market.

This concern may exist but its actual relevance is minimal. Any prohibition on a desired product will create a black market - indeed, the diversion of prescription narcotics (which are much easier to access and much more dangerous than cannabis) is a significant and growing problem. The concern in terms of cannabis exists only because of the policy decision to prohibit cannabis generally. Moreover, the actual impact of diversion by authorized medical consumers or producers is minimal. The black market in cannabis in Canada is immense, with reports placing the economic impact of the trade in the billions of dollars annually. Millions of Canadians consume cannabis regularly despite the prohibition and basic supply and demand principles dictate that others will produce and sell it to this huge consumer base. The production of cannabis in British Columbia alone is reported to employ more than one hundred thousand persons. As of the date of this submission, ten years into the MMAR program, only a few thousand people can possess and produce it lawfully. Even if every single person was diverting to the black market (a proposition with no evidentiary support), it would represent at worst a minute fraction of the overall black market. Restricting the rights of patients to produce for themselves or to have a caregiver produce for them because of the possibility that an insignificant number will divert to the black market is shortsighted and arbitrary.

2. The risk of home invasion due to the presence of large quantities of dried marihuana or marihuana plants.

This concern is overstated and has little evidentiary support. Home invasions related to cannabis are exceedingly rare and much less common than home invasions related to the theft of jewelry, electronic appliances and other consumer goods. Cannabis, due to its bulk and difficulties associated with selling it after theft, is in fact a much less appealing target for thieves than many common household goods.

3. Public safety risks, including electrical and fire hazards, stemming from the cultivation of marihuana in homes.

These risks, while undeniably possible, have largely been overstated and are all easily ameliorated with reasonable regulation. It appears the evidence base for these concerns is primarily a deeply flawed and biased study produced at the behest of law enforcement. Even that study, read properly, demonstrates that cannabis production poses less of a fire risk than many common household activities including cooking and smoking cigarettes. Moreover, the risks simply do not exist with outdoor production.

4. Public health risks due to the presence of excess mould and poor air quality associated with the cultivation of marihuana plants in homes.

These risks, again, are overstated. Cannabis is a plant. It does not cause poor air quality and, indeed, quite the contrary. Like all plants, cannabis utilizes carbon dioxide and produces oxygen. Mould is only created if the production facility is improperly ventilated. Unfortunately, improper construction of cannabis production facilities is a facet of prohibition and the marginalization felt by cannabis consumers and producers.

5. The complexity and length of the application process for individuals who wish to obtain an authorization to possess and/or a licence to produce marihuana.

This is a real and valid concern that must be addressed in any improvements to the scheme. Other jurisdictions with medicinal cannabis access programs, such as several US states, have dramatically simplified application processes. This concern could be address by revisiting the declarations required in the MMAR, simplifying and condensing the information sought in the application forms and ending the arbitrary distinction between Category 1 and Category 2 applicants.

6. The impact of increasing participation in the Program on the efficiency and timeliness of the application and review process.

This concern is real and one that negatively impacts many Canadians. Bona fide medical consumers are at risk of violating the criminal law and facing severe deprivations of liberty because of inefficiencies and delays in processing applications and renewals. Between 400,000 and 1,000,000 Canadians use cannabis for medical purposes yet less than 10,000 are current participants in the program. It is unclear what factors led to the inefficiencies and delays but they must be addressed. Increased funding for staff combined with simplification of the application process are two areas of improvement that can be implemented immediately.

7. The fact that Health Canada only supplies one strain of dried marihuana.

This is a valid concern that has been addressed in part above. Any new scheme must include genetic differentiation including preservation of existing genetic lines and the knowledge built by the network of currently unlicensed producers serving medical consumers directly and through community-based dispensaries and compassion clubs.

8. The need for more current medical information pertaining to the risks and benefits associated with the use of marihuana for medical purposes, as a means of supporting discussions between physicians and their patients as to whether

such treatment is appropriate.

This is a valid concern. Unfortunately Health Canada appears to no longer be supporting the research component contemplated when the medical cannabis access program was initiated. Facilitating research must be a feature of any improvements to the scheme. This can be accomplished in part by increased funding for research and loosening of the existing requirements for obtaining research licensing. In addition, Health Canada must revisit its publications in this area including its Information for Health Care Practitioners, a document which is both woefully out of date and ideologically biased. Finally, as described above, Health Canada must recommit to evidence-based policy making and education in the area of cannabis and medicinal cannabis. The climate of fear, stigma and marginalization must be reversed and supplemented with compassion, reason and evidence.

THE PROPOSED CHANGES

Health Canada proposes changes in two areas: physician patient interaction and dried cannabis production and distribution. The specific proposals, along with the [redacted]s comment and suggestions, appear below.

A. Physician-Patient Interaction

Health Canada proposes the following changes:

1. Health Canada maintains that the determination as to whether the use of marihuana for medical purposes is appropriate for a particular individual is best made through a discussion with their physician. In this regard, Health Canada is proposing to eliminate the categories of conditions or symptoms for which an individual may possess marihuana for medical purposes under the MMAR.

2. Individuals would continue to be required to consult a physician to obtain access to marihuana for medical purposes. Since categories would be eliminated, there would no longer be a requirement for some individuals to obtain the support of a specialist in addition to their primary care physician in order to access marihuana for medical purposes.

The [redacted] agrees that eliminating the categories of conditions or symptoms is a necessary improvement, as is removal of any requirement that a specialist be consulted. Both changes are improvements and would be consistent with working toward remedying the issues raised by the Court's findings in ***Mernagh***. It is clear, however, that these changes do not go far enough. Physicians have essentially boycotted the current MMAR scheme and continuing to require that they be the sole gatekeepers to legal protection and lawful access to cannabis

will result in continued serious violations of the Charter rights of patients. The categories of health care professionals able to permit lawful access to cannabis must be expanded to, at minimum, to any practitioner currently regulated by a provincial Act including, for example, Naturopathic Physicians, Doctors of Traditional Chinese Medicine and Nurse Practitioners. These practitioners, in many provinces, have the ability to provide lawful access to medicines with significantly greater risk profiles than cannabis. In addition, Naturopathic Physician and Doctors of Traditional Chinese Medicine have the benefit of familiarity with whole plant medicines generally and cannabis specifically. Expanding the gatekeeper role is consistent with evidence-based policy making and the requirements of the Charter.

3. The existing medical declaration would be replaced by a new document provided by the physician to the individual. Health Canada will consult the medical community on the form this document will take.
4. Individuals would no longer be required to submit information to Health Canada to be authorized to possess dried marihuana. Instead, they would submit their physician's document directly to a licensed commercial producer.

The [redacted] agrees that the current declarations create a barrier to access and are in need of improvement. In addition, the [redacted] welcomes the move toward a system of access to cannabis that closely mirrors that used by existing, and currently unlawful, dispensaries and compassion clubs. These community-based organizations have distributed cannabis to medical consumers for more than a decade by, essentially, requiring only that consumers provide applications forms from their health care practitioner. The [redacted] is, however, dismayed that the proposed improvements do not contemplate licensing the very organizations that already comport with the procedure being proposed as the future of the government's program. This concern is more fully discussed in the production and distribution section below.

5. Health Canada will establish an Expert Advisory Committee to improve physician access to comprehensive, accurate and up-to-date information on the use of marihuana for medical purposes, thereby facilitating informed decision-making with respect to the use of marihuana for medical purposes.
6. Health Canada would work with the medical community, their provincial/territorial licensing authorities and their associations on the proposed improvements to the program.

The [redacted] agrees that Health Canada must work toward proving physicians with accurate information about the use of medicinal cannabis. There must be a commitment to accuracy and rigor in evaluating the information being provided, a challenge that will be particularly onerous given the highly politically charged climate surrounding cannabis policy generally. The [redacted] is deeply

concerned that the language chosen to provide the social context for Health Canada's proposals (keeping "children and families" safe) does not foreshadow a commitment to sound evidence-based policy making.

B. Dried Marihuana Production and Distribution

1. Under the proposed redesigned program, Health Canada would no longer enter into a contract with a commercial entity to supply and distribute dried marihuana and marihuana seeds.
2. The only legal source of dried marihuana would be commercial producers, who would be licensed by Health Canada to produce and distribute dried marihuana. Individuals would purchase their supply of dried marihuana from one of these licensed commercial producers.
3. Personal and designated production would be phased out.
4. In order to be licensed by Health Canada, licensed commercial producers would have to demonstrate compliance with requirements related to, for example, product quality, personnel, record-keeping, safety and security, disposal and reporting, as set out in new proposed regulations. These controls would aim to ensure the quality of the product being purchased by program participants, as well as the security of production sites.
5. Health Canada would establish a comprehensive compliance and enforcement regime for licensed commercial producers, centered on regular audits and inspections.
6. Licensed commercial producers would be required to comply with specific product labelling and packaging requirements. The label and/or the package itself could be one way by which a program participant could demonstrate that their supply of marihuana is legal.
7. Licensed commercial producers would only be permitted to produce marihuana indoors.
8. Licensed commercial producers would be able to produce any strain(s) of marihuana, thus giving individuals greater choice as to which strain(s) they wish to use.
9. Licensed commercial producers would set the price for marihuana for medical purpose.
10. Licensed commercial producers would only be able to send the dried marihuana they cultivate to individuals by registered mail or bonded courier.

The [redacted] believes that the proposed future production and distribution system would work well as an adjunct to the existing regime of personal and designated production. It is critical, however, that personal and caregiver designated production be preserved. Patients and producers have spent years, and significant funds, developing genetic lines to treat their specific ailments. In addition, personal and caregiver production is often the most cost effective, and for some the only economically viable, means of accessing cannabis. Removal

of this right is likely to be found to violate the Charter and, more importantly, will certainly limit rather than improve access to a safe and effective supply of medicinal cannabis. It is of paramount importance that personal and caregiver production be retained in any future iteration of the medicinal cannabis access program.

The [redacted] is also concerned that the proposals fail to address the use of cannabis in a variety of modes of ingestion including by way of resin, edibles, tinctures, salves, balms and other means of obtaining therapeutic benefit. As noted above, the recognition that patients require a variety of strains is welcome but it remains unclear how licensed producers will obtain those genetics. Moreover, the proposal fails to recognize the need to capitalize upon the knowledge and experience of the existing network of unlicensed suppliers represented by dispensaries and their current producers.

The proposal also contemplates only the delivery of cannabis by courier or mail. Many persons, particularly those living on disability or social assistance, have no fixed address and are unable to receive mail or delivery by courier. Many prefer to have the ability to view and smell the dried cannabis before purchasing it. And, most importantly, many patients appreciate the social capital gained by obtaining cannabis at a community-based dispensary. At minimum, Health Canada must include an option for regulating community-based dispensaries that can, and do, provide patients with more than just a supply of medicine. The existing network of unlicensed suppliers represented by dispensaries and compassion clubs provide members with significant social capital including supportive environments, knowledge about the medicine and particular strain/symptom pairings and the proper use of cannabis and cannabis byproducts.

The proposal is also vague about the standards to which producers will be held. The [redacted] urges Health Canada to implement evidence-based requirements rather than overly onerous rules that will prevent most producers from obtaining licenses. There is, for example, no evidentiary basis for requiring only indoor production. Outdoor production can be cost-effective and produce an end product with compositions of therapeutic compounds that are not present in strictly indoor production.

As the Courts have held in relation to the Supply Issue, a system of arbitrary rules that creates barriers to access will be found to violate the Charter. The [redacted] urges Health Canada to rethink its proposals. It is concerned that the proposed access scheme will continue to fail to meet the needs of critically and chronically ill Canadians.

CONCLUSION

The [redacted] welcomes Health Canada's recognition that the current scheme is inadequate and in need of improvement. Unfortunately, the proposals set out in the Consultation Document will fail to address the deficiencies long identified by patients and by the Courts. The language used to identify the context for the proposed improvement is troublesome and contributes to the marginalization and stigmatization currently plaguing this important health issue. The refusals to consider the broader policy context created by the failed and harmful criminal prohibition of cannabis generally bespeaks a willful blindness to key social contexts informing this issue. The specific proposals set out in the Consultation Document are insufficient to protect patient access to a safe and effective supply of cannabis and cannabis byproducts.

Health Canada should consider licensing the current network of compassion clubs and dispensaries to provide cannabis directly to patients. The patient's right to produce for him or herself, or to have a caregiver assist in producing medicine, must be preserved. Additional producers and distributors should also be licensed on reasonable terms that do not present undue barriers to participating in the regulatory scheme. Finally, Health Canada should provide additional research funding and facilitate licensing of researchers in conjunction with a commitment to evidence-based education and policy making.

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-4 Submission of the [redacted]
Date: 2011-08-01 02:54 AM
Attachments: Submission of the [redacted].pdf

Marihuana Consultations
Controlled Substances and Tobacco Directorate
Health Canada
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Ottawa ON K1A 0K9
31 July 2011

To whom it may concern:

Attached please find the submission of the [redacted] in response to Health Canada's Consultation Document titled "Proposed Improvements to Health Canada's Marihuana Medical Access Program." Thank you for your attention to this submission and for the opportunity to comment.

[redacted]
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(c) 604.[redacted]
(f) 1.866.[redacted]
(e) [redacted]
www.[redacted].ca

From: Minister_Ministre
To: [redacted]@[redacted].ca
Cc: consultations-marihuana@hc-sc.gc.ca
Subject: Re: Medical Marijuana
Date: 2011-06-29 10:32 AM

Thank you for your correspondence of June 28, 2011 addressed to the Honourable Leona Aglukkaq, Minister of Health, regarding the proposed improvements to the Marihuana Medical Access Program. We have forwarded your comments to the following address consultations-marihuana@hc-sc.gc.ca so that your feedback may be included in the consultation process.

From: [redacted]@[redacted].ca ([redacted])
To: Minister_Ministre@hc-sc.gc.ca
Date: 2011-06-28 12:47 PM
Subject: Medical Marijuana

Below is the result of your feedback form. It was submitted by [redacted] ([redacted]@[redacted].ca) on Tuesday, June 28, 2011 at 12:47:33

---

realname: [redacted]

firstname: [redacted]

lastname: [redacted]

email: [redacted]@[redacted].ca

address:

city: [redacted]

province: BC

country: Canada

postal_code: [redacted]

subject: Medical Marijuana

comments: As Fire Chief, I want to express my deep concerns for public safety with the current state of affairs and how medical marijuana cultivation is being \"policed\". For everyone\'s safety (including first responders) approved operations need to follow safe practises and be subject to electrical, building code, fire code, and any other applicable safety regulations and be subject to inspections. Public safety agencies also need to be informed of their existence within their community for the purposes of preplanning for any emergency responses that may affect that structure for both responder and public safety. I understand changes are being considered, and in my professional opinion are long overdue.
Thanks,
[redacted]
Fire Chief

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-20-67Comments re: medical marihuana
Date: 2011-07-20 05:53 AM

Comments on the proposed changes to the MMR

My family has lived next door to a medical marihuana grow op for about a year. We have had to endure the noxious fumes and the potential of a violent grow rip occurring next door for far to long. We are constantly trying to decide if we should move out of our home to get away from these issues. We have had to retreat indoors and keep the windows closed many times because of the fumes. Having this next door to our home has caused a great deal of stress on our family.

I am not against LEGITIMATE uses of medical marihuana, but removing grow ops from residential neighborhoods is essential!!

[redacted]
Prince George BC

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-28-58 Re: Marihuana Medical Access Program (legal marihuana grow-ops)
Date: 2011-07-28 12:24 PM

Tit for Tad!

As it stands right now – there are people whose lives have been negatively affected over the years by these legal marijuana grow-ops under the auspice of Marihuana Medical Access Program. If the current law on the Marihuana Medical Access Program prevails, then government must take responsibility for the victims as well.

It should be noted that these innocent bystanders, whose well being has been jeopardized by involuntary exposure to the drug marijuana, in any form, and in some extraneous circumstances, would have no choice but to vacate the neighborhood to avoid further health deterioration, also, these people would require medical treatments and financial assistance in order to survive; therefore, it is only fair that all these victims should be duly compensated by the same government who created the Marihuana Medical Access Program in the first place.

Thence, I urge the government to do the right thing. Thank you.

[redacted]
Port Coquitlam

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Cc: Minister_Ministre@hc-sc.gc.ca
Subject: 11-07-29-150 Improvements to the Marihuana Medical Access Program
Date: 2011-07-29 04:59 AM

Thank you, for proposing new rules for medical marijuana!

Starting 2008 I have written to the government on this and my last letter was forwarded to you by: The Honourable Leona Aglukkaq.

However, I would like to write these words here to point out to this panel of decision makers, that many Canadian citizens will be affected by the verdict reached on this issue.

It is my understanding that the current residential Legal Grow-Ops would be phased out.

This is a welcome proposal but not effective enough. Especially not for me and my family and others like us!

We have suffered for too many years because of marijuana grow-ops in our neighbourhood.

First there were illegal grow-ops and then legal ones. No-one knew the locations but the horrible odour emanating from them was evidence enough that they were about; interrupting all the neighbours sleep. This is still going on.

In our family this is still raising chaos every time the smell occurs because my life has been challenged with hypersensitivity to multiple chemicals, and marijuana odour has triggered many attacks.

My husband and I had often thought of moving away from this area; but we are seniors, of a moderate financial standing and being forced out of our home at our age is a very disturbing feeling.

And this entire trauma because of marijuana grow-ops! And a legal one on top of it.

Therefore I appeal to you, please do consider all the 'ill health effects' one of these medicinal grow-ops could contribute to, or even be responsible for; if they remain in residential areas.

At this point I wish it to be known that I, [redacted] ([redacted]), would also be a candidate to use marijuana as a drug to treat 24/7 severe neuralgia pain, left over from a few major shingle attacks. Having had reverse reaction to a flu shot in 1997 and due to it being 90% disabled and then being diagnosed (via biopsy) to have Polymyalgia Rheumatica with temporal arteritis; the stress of all this and being on Prednisone and oral chemo brought on several outbreaks of shingles between 1999 and 2005; the pain from this is still quite severe and although many different types of pain killing drugs were tried, there was nothing that worked and to some of them I was reacting.

Being hypersensitive to chemicals is killing ones life. For me it was long-term exposure to wood smoke that started this, then tobacco and other chemicals, dryer sheets and chemically scented cleaning products, and marijuana smell as well.

The attacks have been severe and included asthmatic attacks, choking, loss of coordination, speech and moving of limbs impairment, and epileptic like seizures, and I am not an epileptic.

Mentioning my very own health condition, I felt, was necessary here in connection with the marijuana issue because there may be many more people affected by having to breathe marijuana contaminated air. These

people may become sensitized to it and then have to wave 'good bye' to a so called 'Normal Life' because there is NO medical treatment available to treat chemical sensitivity!!!

For these afflicted individuals life will become a nightmare. The stress level this creates is like a double edged sword hanging over ones head. The environment becomes an enemy because it is laden with many toxins coming from neighbouring dryers, neighbours tobacco smoke and marijuana smoke. So where do these people go to get the fresh clean air the Doctor tells them to breathe? Out of an Oxygen tank? That is what I have to be hooked up to when there is smoke in the air or other chemicals. One is then waiting for the cleaner air at night. When one can open a window after traffic has died down and neighbours are asleep and are not smoking outside and hopefully no-one is burning a fireplace or a fire pit; and then "Wham" marijuana smell. And yet, from a legal grow-op!

Chemical sensitive is on the rise and anyone can become sensitive to anything, even marijuana.

No medical cure is known for this and alternative treatments are very costly. So far we have been able to pay for them but there are times when a visit to the Naturopath and a new remedy could bring relief to my discomfort but the budget is restricted and some day we may be forced to approach the Canadian government for financial help. Therefore I pray that these legal grow-ops will be removed from neighbourhoods as soon as possible. Without exceptions!

Phasing out; would not be in the general public's best interest.

Recalling the licenses would be a more logical option.

Everyone will benefit from this decision.

The person who uses the drug and the persons whose lives are

negatively affected by the production of this drug! Both parties would be satisfied with this; and would feel that our government has reached a fair decision for All Canadians. And considered everyone's welfare!

Marijuana could be made available in Pharmacies to the Individuals who need to use this drug as medicine.

But, smoking marijuana outdoors should be discouraged.

The user should sign an agreement to smoke the substance in his/her, very own, dwelling behind closed windows and doors.

This should be mandatory in order to protect the general public, (neighbours) from being involuntarily exposed to the secondhand smoke of this drug marijuana.

Thank you!
[redacted], Canadian Citizen

From: [redacted]
To: consultations-maribuana@hc-sc.gc.ca
Subject: 11-07-30-10 RE: Marijuana in our Canadian Communities
Date: 2011-07-30 10:59 PM

July 28th, 2011

Dear Health Minister Aglukkaq,

My name is [redacted]. I am the Founder of a [redacted] coalition based in Cornwall, Ontario. The [redacted] coalition is fighting for the rights of every Canadian to breathe healthy air Woodsmoke-free, Tobacco-smoke-free and also Marijuana-smoke-free in our residential neighbourhoods.

I am contacting you regarding a very deadly and serious issue of marijuana in our residential communities in our Nation.

Knowing what we do about the medicinal and recreational drug, Marijuana, it is absolutely unacceptable to think that its use would be encouraged more than prohibited. Even with the use of medical marijuana, my comprehension is that there are specific, designated areas where those who must have this drug, can by means of identification and prescription have it made available to them, just as any other drug for any other health issue is obtained, which is usually through a drug pharmacy.

Yes, in many very ill cancer patients using medical Marijuana does increase their appetite and assist them with the severe degree of pain they must sadly endure, all of which are very understandable and acceptable. But, what is not acceptable is the fact that the growing of this drug will be so widely encouraged. Medical Marijuana is available in pill form and

many new ways of delivering the drug are available, such as cooking-baking with Marijuana as being part of the listed ingredients, which could assist in the appetite of the person suffering from a disease such as cancer or other diseases that also require the use of Marijuana.

Certainly you must also take into consideration the fact that more than just the patient or person suffering from other diseases that will also be using and growing Marijuana are to be given serious thought. Entire communities are involved and they will suffer from the repercussions of being exposed to the smoke that comes from the drug Marijuana, which has a very unique, pungent and sickening odour.

The stench from a "joint" being smoked permeates the air for miles, making ill those who live in the area, and very close proximity. Small children playing in their yard and families who want to enjoy the fresh air outside on their own property are being denied their right to be breathe healthy air—tobacco-smoke and marijuana-smoke-free. The right to breathe healthy air is already denied thousands of people when others smoke marijuana. Tobacco is a Public Health issue and the same prohibition should apply to the smoking of marijuana.

If not, then this is not taking into account the health, safety and well being of all Canadians. Canadians are aware of how rampant drug issues are in every Canadian Community. To enable any form of drug use in any community means, in the short and long term it is and will continue to be detrimental to everyone.

Who will monitor the "drug grow operations" on private property? Who will be there to make certain that a teen already doing drugs, contemplating the use of drugs or being tempted to steal plants to smoke or sell/deal will not become another statistic on the streets of any Canadian city? Where does this stop?

Laws are regulated, but laws are always broken and always at the expense of someone else and innocent citizens. With Marijuana being condoned in urban residential areas, then what happens when the growth/plant become so hardy that surplus must be done away with? Who is accountable for the removal? What limitations will be set to the number of plants being grown even for medicinal use? Where is marijuana that is grown in residential areas and not used, disposed of?

Does it become more illegal trade for the teens/children around the neighbourhood or some friend or family member who views this as a means of obtaining an illegal income? This can and does happen. We as law abiding citizens, read, see and hear about it every day. We live with drug users in our own municipalities and even now is appears to be out of control. Why would marijuana be enabled or condoned by our government or elected leaders? It is incomprehensible to see such destruction of health and life being so negatively affected from a drug such as Marijuana.

We do not allow drunk or irresponsible drivers on our roads and highways because we know that the use of alcohol alters and limits the ability to function and drive safely. Why would the "smoking of pot" be any different, when it too is a mind altering substance that distorts our ability to make wise decisions, drive, and also become a threat to others. Being under the influence of a toxic substance must apply to Marijuana also in every situation.

How can Marijuana possibly be given a green light to be grown at home or anywhere when other patients who suffer from many other deadly diseases must obtain their "legal prescriptions" from their doctor and a pharmacist? Why should there be allowance for one illegal drug to become a "home grown opportunity and not some other drug that is classified as a mind altering drug or another opioid pain medication?

Marijuana is a "gateway" drug and young children and teens should not be subjected to breathing residential community air that is saturated with the stench of Marijuana. This is absolutely unthinkable, that our ill, infants, toddlers, and elders must be made to endure and inhale the drifting smoke from any grown or approved form of Marijuana.

As I cancer patient I must have fresh clean air to breathe and neither do I or other ill people, or anyone who cares and is concerned, want their health and safety further jeopardized from community toxic Woodsmoke, deadly Tobacco smoke or Marijuana smoke. We need to heal and be made whole again and avoid all toxins that inhibit our recovery.

If the reason of encouraging ill suffering and dying cancer patients is to offer more accessibility for them to grow and harvest their Marijuana drug, then you certainly must grasp the enormous price to be paid by entire communities. It will

harm communities. It will become every second or third home on a block because almost every second or third family has a loved one suffering, ill or dying from the horrible disease of cancer.

This totally unthinkable, unacceptable and unwanted practice of a home patch of lawn/garden turning in a private grow op is certainly lacking regard, concern and care about the safety and well being of all others and it should be illegal.

Recently I have undergone cancer surgery and will be having my second cancer surgery in a few weeks. I then will begin the appropriate therapy needed to save my life. I am not alone and one of millions in Canada who has cancer. I am one of millions who at present time already suffers from the toxins that are permeating our air from the chemicals found in community Woodsmoke Pollution. I also represent others who do not want their air, lungs or homes permeated with the sickening stench of Marijuana. We do not want our communities threatened any more than they are by drug dealers or those who would take advantage of the ill and suffering from cancer. It has happened, it does happen and it will continue to happen.

If my treatment, at any time in the future should require the use of such a drug as Marijuana, I would not "smoke it" and destroy my health even further and that of my family, children or neighbours who also would be sickened by it. I would seek other methods of legal medical drugs that could be obtained through a family Doctor or a pharmacy, just as millions of Canadians do at present time.

Please Minister Aglukkaq, for the sake of millions, the health and safety of entire communities take into consideration the negative impact that marijuana has on our society. Drugs such as a "gateway" drug like Marijuana, do become habitual, that is proven fact.

Everyone wishes and wants the very best of health care for a cancer patient and anyone who is ill and suffering, but that health care should be accessed through our medical profession and our community pharmacies that order, control and deliver such drugs as Marijuana.

Everyone deserves the right and common decency to breathe healthy air—Woodsmoke-free, Tobacco-smoke-free and Marijuana-smoke-free.

I will look forward to hearing from you regarding this very serious issue of Marijuana and home grown Marijuana for medical purposes.

Thank you.

Sincerely,

[redacted]
Founder,
[redacted]
Cornwall, Ontario
[redacted]
e-mail [redacted]@sympatico.ca or [redacted]@gmail.com

See the following esteemed websites for further information:

Breathe Healthy Air http://breathehealthyair.blogspot.com/

Clean Air Revival http://burningissues.org/

Canadian Clean Air Alliance http://www.canadiancleanairalliance.ca

From: [redacted].ca
Sent By: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-159Health Canada's Program for Medicinal Marijuana Access must be clear for all Canadians.
Date: 2011-07-31 03:36 PM

To Health Canada,

Thank you for the opportunity to provide input with regard to Canada's Medical Marijuana Access Program, currently under review by Health Canada.

It is my understanding that Health Canada initiated a Medical Marijuana Access Program in response to a Supreme Court directive, under the Canadian Charter of Rights & Freedoms, to address a specific need in Canada's Health Care System. Unfortunately, this new program seems to have opened the door for a wide variety of policy abuses and misunderstanding including the apparent introduction of Marijuana Dispensaries and "Compassion Clubs".

As much as I am sympathetic to health care patients who suffer from chronic pain, that can only be managed through effective drugs, I can see that the current Health Canada policies for Medical Marijuana need more effective regulation so, I support the recommended program changes that are being considered, at this time.

Health Canada's Program for Medicinal Marijuana Access must be clear to all Canadians. Currently, a variety of interpretations of the program include claims of "licensed" large marijuana grow operations, "licensed" free-lance drug dealers, and "licensed" pot parties all in the name of "medicine" and "health care". Currently, many Canadians are impacted by the lack of clarity in the program resulting in significant uncertainty, when dealing with marijuana advocates who aggressively promote a legalization agenda via health care.

Health Canada must recognize that agricultural operations are not suitable for residential buildings. In my region, there are thousands of "grow op" houses that are deemed to be "toxic properties" by the real estate industry and health care professionals. Local authorities are scrambling to establish standard remediation practices for these properties and restore them to acceptable health and safety standards; if possible. Certainly, Health Canada's Program should not license marijuana grow operations in private residences, especially when these unhealthy grow operations are not regulated by local health and safety authorities!

Health Canada must identify that "medicine" should only be administered through Health Canada and licensed pharmacies. As any medicine, certified professional pharmacists are best qualified to administer medicine to vulnerable patients.

Currently, Canadians are not certain if there are "legal" marijuana dispensaries that are supported by Health Canada or if these neighbourhood operations may be illegal drug dealers supported by organized crime?

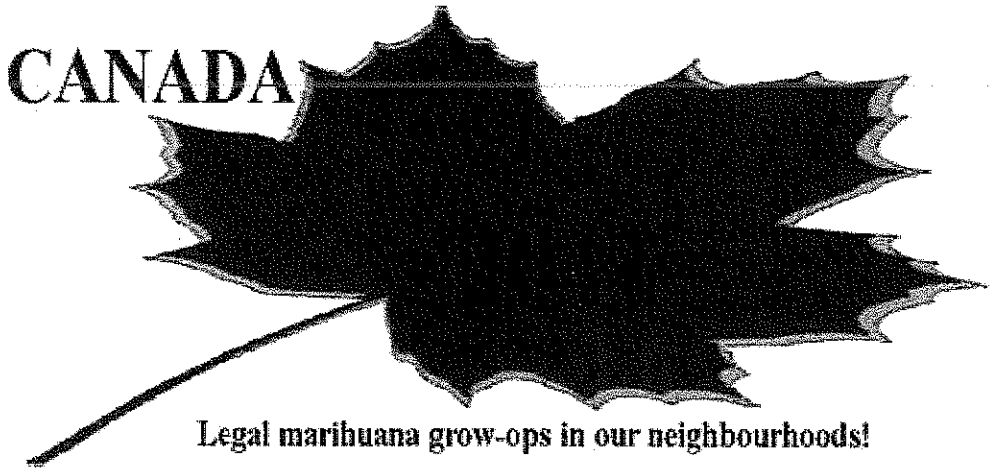
Health Canada must recognize that social "Compassion Clubs" centered on smoking drugs are sure to promote drug abuse and create unhealthy smoke environments. Health Canada must identify that the health concerns associated with cigarette smoke are the same for marijuana smoke.

The question of legalizing marijuana is a matter for parliament and the courts. The consequences of any legal decision are significant for Canadians. Marijuana has a long history of recreational use and abuse. Too often, marijuana is the drug of choice for miss-spent youth and organized crime. Marijuana is known to induce altered states of consciousness in the user; effecting reason and judgement. Many individuals point to marijuana as their "gateway" to a life of substance abuse and drug addiction. Now, that marijuana is recognized as a medicine it must be carefully regulated with clear guidelines so that patients can find relief from the distress of chronic pain and all Canadians are protected from possible abuse.

I support the policy changes recommended by the government.

[redacted],
Langley BC

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-31-224Controlling medicinal marijuana
Date: 2011-07-31 04:09 AM



There are still some hours left for us citizens to have our SAY on medicinal marihuana grow-ops in residential areas which our government had allowed out of compassion for some sick individuals – but forgot to consider that growing this Drug in homes, would contribute to many problems in neighbourhoods.

Therefore our government has proposed some rules and regulations, a safer method, for these patients to obtain this drug without putting entire neighbourhoods at risk.

Many of us, who had the misfortune having a marijuana grow-op in our area, are familiar with the stench these create and how our homes have been filled with that offensive smell in the middle of the night; fouling the air we and our children breathe. And who knows what ill effects' breathing this stuff has on our bodies, and especially on young people.

This problem does exist throughout the world – but we need, at this point, concentrate on Canada; 'Our Home Turf' July 31, 2011 is the cut off date on this!

http://www.hc-sc.gc.ca/dhp-mps/consultation/marihuana/_2011/program/consult-eng.php
E-mail: consultations-marihuana@hc-sc.gc.ca

Writing a few sentences and emailing to these consultants would help our government; and all of us.

Recalling the grow-op licenses and giving these patients a chance to obtain the drug from government controlled places would be a very fair and suitable decision on the government's part for all Canadians.

With the added Safety rule: that an agreement should be signed by the user to smoke (if it has to be smoked) this drug marijuana within their very own premises behind closed doors and windows! This would protect other citizens from being involuntarily subjected to this addictive substance!

And foremost; it would be the safest for the children of Canada!

As Canadian Parents we would like to see Our Children grow up to be proud Citizens and salute the Maple Leaf on Our Flag and not fall prey to the Leaf of a Marijuana Plant!

Will you therefore please join in, and contribute to this important issue and send an E-mail, cut off date is July 31st and please remember the East is (3) hours ahead of us BCers. E-mail: consultations-marihuana@hc-sc.gc.ca

Thank you!
[redacted], Port Coquitlam, BC

Marihuana (marijuana, cannabis) is not an approved therapeutic substance in Canada and no marihuana product has been issued a notice of compliance by Health Canada authorizing sale in Canada.

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-08-01-12 comments
Date: 2011-08-01 02:21 AM

To Whom it may concern,

I would like to comment on the proposed changes to the medical marijuana program. I agree that something needs to be done to the current system.

I feel very strongly about personal production being phased out. I would like to be able to grow my own medicine in my home garden, in a safe and responsible way. I grow my own veggies, why not my all natural medicine? Perhaps applicants who wish to grown thier own could still apply through Health Canada for a personal production license and those who wish to by pass the application could use the doctor note and purchase direct from the commercial supplier. There could be a fee for the license to cover the lack of tax paid for the medicine.

I agree that designated production should be phased out. It seems like people have taken advantage of this part of the program and are growing large amounts for profit.

I like the idea of the commercial, inspected facilities but I don't think that should be a person's only choice. On top of the price of the marijuana, shipping costs can be expensive.

Thanks for listening to the medical users.

[redacted]

From: Deidre Pollard-Bussey
To: Consultations-marihuana
Subject: 11-09-22-2 physicians comments
Date: 2011-09-22 08:42 AM
Attachments: Consultation_document_Final_EN[1][1].doc

To add to the folder on doctors, please.

Deidre Pollard-Bussey

Senior Policy Analyst
Office of Controlled Substances
Healthy Environments and Consumer Safety Branch
Health Canada
Tel: 613-946-4225
deidre.pollard-bussey@hc-sc.gc.ca

----- Forwarded by Deidre Pollard-Bussey/HC-SC/GC/CA on 2011-09-22 08:41 -----

From: [redacted]@gmail.com>
To: Deidre Pollard-Bussey <deidre.pollard-bussey@hc-sc.gc.ca>
Date: 2011-08-31 11:15
Subject: Re: Invitation to consultation on Health Canada's Marihuana Medical Access Program

Deidre:
I am sending the consultation document with my comments. Please note that I am a chronic pain specialist. I am also a medical consultant for the Nova Scotia Prescription Monitoring Program and have considerable expertise in the prescribing and regulation of controlled substances.

I have significant concern regarding the program as proposed. We already have a huge problem due to lack of accountability. Organized crime is involved in the trade of marijuana from people with exemptions. Creating a situation where there are farmers of marijuana producing unregulated amounts and types of the plant, dealing directly with the public will create a fertile ground for production and sale to the street. This is associated with considerable morbidity and mortality from the violence engendered by the drug trade.

In Nova Scotia we are already seeing patients counselled and paid to obtain exemption applications from unsuspecting physicians. Police are finding completed, signed forms in stacks in grow-ops raided for selling. Creating a system that removes, rather than enhances the accountability in the system will expand these problems.

My suggestion is to treat this drug much as we treat methadone. It remains an illegal drug with exemptions provided for its prescribing. Those exemptions are regulated federally and managed provincially. Prescribers are required to have special qualifications to obtain an exemption to prescribe methadone. The quality of the drug is regulated and it is dispensed by pharmacies. Marijuana is a cannabinoid, and an illegal drug. If we were to implement

similar regulations to those seen with methadone, there would be less involvement in the trade by organized criminal elements.

Further the separation of the patient from the producer is paramount. No other drug is obtained by the patient directly approaching a producer with a prescription. This is a ridiculous setup and fraught with danger for both the patient and the producer. It will be impossible to monitor and regulate such a system.

Thanks for the opportunity to comment

Sincerely

[redacted]
--
"From those to whom much is given, so too is much expected."
- Luke 12:48 -

[redacted] PhD MD FRCPC
Director [redacted]
Associate Professor
Departments of [redacted] and [redacted]
[redacted], Halifax, NS

On 23 August 2011 16:07, Deidre Pollard-Bussey <deidre.pollard-bussey@hc-sc.gc.ca> wrote:

> Thank you for the opportunity to discuss the proposed improvements to Health Canada's Marihuana Medical Access Program.
>
> You have advised that you are willing to meet on **August 31**. To accommodate for differences in time zones, we have scheduled the teleconference for **9:30-11:30 Eastern**. I have attached the agenda, for your information. Dial-in information is included on the agenda.
>
> Additionally, I have included documents to assist in preparing for the discussion.
>
> 1) The consultation document

2) A one-page comparison of the current program and the proposed improvements

3) A list of guidance questions for discussion

If you have any further questions, please don't hesitate to contact me.

Deidre Pollard-Bussey

Senior Policy Analyst
Office of Controlled Substances
Healthy Environments and Consumer Safety Branch
Health Canada
Tel: 613-946-4225
deidre.pollard-bussey@hc-sc.gc.ca

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"From those to whom much is given, so too is much expected."
- Luke 12:48 -

[redacted] PhD MD FRCPC
Director [redacted]
Associate Professor
Departments of [redacted] and [redacted]
[redacted], Halifax, NS

From: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: Public Consultations on Marihuana
Date: 2011-07-27 06:39 PM

July 27, 2011

HEALTH CANADA
Re: Public Consultations Regarding Production of Marihuana

We have sent numerous e-mails to Health Canada representatives as well as anyone who cares to hear our views on this topic.

In 2008, my husband and I purchased one-half of a building in the centre of Chilliwack, BC, in which to operate a small family business. Almost immediately, the owner of the other half of the building applied for and now has designated-grower licences for two patients. As a duplex-style building, BC strata rules do not apply to us. Furthermore, as co-owners of this property, **we have NEVER been consulted by Health Canada on this issue**. We cannot understand why we were not consulted as this decision continuously, DIRECTLY affects us. As per the MMAR, renters require the permission of landlords to grow marihuana, so it would make perfect sense that strata property owners require the permission of the other owner(s) to grow. Regrettably, this is not the case.

The owner of the other half of our building is supplying more than just patients with pot and is taking in approximately $40,000 cash per month – NOT what was originally intended by Health Canada. (By the way, what is the role of Revenue Canada in these cases?) Some prescription-holders "lease" out their prescriptions to the highest bidder, as is the case next door.

We cannot stress enough that we WRONGLY continue to have NO SAY WHATSOEVER in this matter.

It should be MANDATORY that permission be required (and verified) for ALL STAKEHOLDERS that could potentially be affected by the issuance of licences to grow/transport marihuana, including mortgage holders.

We did NOT and WOULD NOT sign up for the incredible stress this has caused us. We do not want to be exposed (nor do our customers) to the horrid odours (we call it the smell of money) and criminal elements that the production of marihuana brings.

Ideally, when considering amending regulations for productions, designated agricultural areas will be utilized as production sites. Health Canada would oversee and take ownership (inspections) of the production of marihuana, which currently is NOT the case. If regular (and, indeed, sick) folks can grow the appropriately required strains of product, we're certain that Health Canada can do the same.

There is no question that marihuana be distributed through pharmacies. If the product is considered a medication, then pharmacies who currently distribute medication would be responsible for filling prescriptions according to physicians' directions. It should be no different than any other drug.

The facility next door to us grows 74 plants for one patient and 49 plants for a second patient. These plants are seven feet high and four feet across. We have no idea how any person could possibly smoke that much pot every single day of the year. His hydro bill is $3,500.00 per month. No one would supply medicine out of the goodness of their heart and "eat" that hydro bill.

The fact is that Health Canada has not taken any responsibility for the program except to ensure designated growers do not have a criminal record for drugs prior to issuing licences. In fact, Health Canada has advised us that if we suspect wrongdoing, it is OUR responsibility to inform the police!?!?!? Health Canada can enact all the rules it wants, but if no one enforces those rules, they are utterly pointless.

This product should never have been introduced into either residential OR business neighbourhoods.

This must stop.

At present, we remain completely ***UNWILLING*** participants in this nightmare.

[redacted]
Business: [redacted], Chilliwack, BC [redacted]
Residence: [redacted], Chilliwack, BC [redacted]
Cell: 604-[redacted]
Business: 604-[redacted]
Home: 604-[redacted]

From: Minister_Ministre
To: [redacted]@shaw.ca
Cc: consultations-marihuana@hc-sc.gc.ca
Subject: Re: Medical Marijuana Laws
Date: 2011-06-24 02:25 PM

Thank you for your correspondence of June 18, 2011, addressed to the Honourable Leona Aglukkaq, Minister of Health, regarding the proposed improvements to the Marihuana Medical Access Program. We have forwarded your comments to the following address consultations-marihuana@hc-sc.gc.ca so that your feedback may be included in the consultation process.

From: [redacted]@shaw.ca ([redacted])
To: Minister_Ministre@hc-sc.gc.ca
Date: 2011-06-18 07:11 PM
Subject: Medical Marijuana Laws

Below is the result of your feedback form. It was submitted by [redacted] ([redacted]@shaw.ca) on Saturday, June 18, 2011 at 19:11:47

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realname: [redacted]

firstname: [redacted]

lastname: [redacted]

email: [redacted]@shaw.ca

address: [redacted]

city: Port Alice

province: BC

country: Canada

postal_code: [redacted]

subject: Medical Marijuana Laws

comments: There appears to be no policing of medical marijuana licences. One licence holder in Port Alice is licenced to grow 13 plants for his own pain problems. He grows 13 plants four times a year and sells the crop for (he says) $50,000.00 per year. He is fairly open about this and the local RCMP are aware and do nothing because they say that the work to take this to court just to have a judge throw it out is not worth it. We are a very small community and all the kids are smoking local grown pot. To have laws on the books which promote such disregard and contempt makes no sense. Please change the law or police it.

From: [redacted]
Reply To: [redacted]
To: consultations-marihuana@hc-sc.gc.ca
Subject: 11-07-29-92 Medical Marihuana Program Improvements
Date: 2011-07-29 02:56 PM

Further to your correspondence of June 20, 2011 regarding improvements to the Program and invitation to comment on those proposed improvements, I would like to take the opportunity to express my concerns if they are implemented.

The most obvious concern is for the quality of the product itself. I personally take every measure to ensure the correct procedures are adhered to in order to keep the marihuana as pure and organic as possible, as individuals in a compromised state of health do not need to add unnecessary impurities to their system. There are grave differences between 'commercial' and 'organic' products and growers. The former will always sacrifice quality for yield.

Also, the opportunity is far too tempting for organized crime not to be involved in commercial growing. It is just plain naive for intelligent people to believe otherwise, as these sophisticated criminals will be the first on board, with the potential for corruption simply too inviting.

By all means, keep the operations safe and out of urban areas. Personally, as a designated licence holder, I have an investment in excess of $20,000 in growing and safety equipment, as I considered it to be a long-term retirement investment which would be worth-while. I am sure there are many in the same situation, and where or how do we recoup such an investment. I considered growing medicinal marihuana to be a sort of 'calling' after witnessing a close relative die, while suffering needlessly and unable to legally get relief from the only substance that her body wouldn't reject. But I certainly would not have made such an investment if I didn't have confidence with the system in place.

Thank you for the information and the opportunity to provide feedback. Please inform me of any further updates.

Sincerely,

[redacted]
Address Locator: [redacted] MMAD-[redacted]
[redacted]
Shirley, BC [redacted]
Ph 250 [redacted]