



Health Canada

Santé Canada

# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Aer. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000579878	0	2013-12-20	2013-12-20	MAH	CAN-2013-0004612	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number	Serious Report?	Death:	Disability:	Congenital Anomaly:
No Duplicate or Linked Reports		Yes	Life Threatening:	Hospitalization:	Other Medically Imp. Condition:

Patient Information			
Age	Gender	Height	Weight
39 Years	Male		
Report Outcome			
Unknown			

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown			
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP - 12MG	Suspect	CAPSULE, SUSTAINED-RELEASE	Unknown			
HYDROMORPHONE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

Drug dependence	MedDRA Preferred Term	MedDRA Version	Duration
Substance abuse		MedDRA V17.0	
		MedDRA V17.0	



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Aer No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000580991	0	2013-12-31	2013-12-31	MAH	CAN-2013-0004622	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:

Patient Information			
Age	Gender	Height	Weight
24 Years	Male		
Report Outcome			Unknown

Product Information		Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown				
DILAUDID	Suspect	NOT SPECIFIED	Unknown				
MARIJUANA	Suspect	NOT SPECIFIED	Unknown				
MDMA	Suspect	NOT SPECIFIED	Unknown				

Reaction Information		MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence		MedDRA V17.0	MedDRA V17.0	
Substance abuse		MedDRA V17.0	MedDRA V17.0	

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000681437	1	2014-01-03	2014-01-03	MAH	CAN-2013-0004624	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link AER Number		Serious Report?		Disability:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Hospitalization:		Other Medically Imp. Condition:	
								Yes	

### Patient Information

Age	Gender	Height	Weight	Report Outcome
51 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
ETHANOL	Suspect	NOT SPECIFIED	Oral		1 every 1 Day(s)	
MARIJUANA	Suspect	NOT SPECIFIED	Inhalation			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Aggression	MedDRA V17.0	
Drug dependence	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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Aer No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000581446	0	2014-01-03	2014-01-03	MAH	CAN-2013-0004625	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
			Yes

### Patient Information

Age	Gender	Height	Weight	Report Outcome
26 Years	Female			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown			
PERCOCET	Suspect	TABLET	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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Aer No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000582429	0	2014-01-13	2014-01-13	MAH	CAJNIFOC20140101357	Study	Other Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp. Condition:

Patient Information	
Age	Report Outcome
20 Years	Recovering/resolving
Gender	Weight
Male	77 Kilograms
Height	

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
REMICADE	Suspect	POWDER FOR SOLUTION INTRAVENOUS	Intravenous (not otherwise specified)	400 Milligram	1 every 6 Week(s)	
REMICADE	Suspect	POWDER FOR SOLUTION INTRAVENOUS	Unknown	400 Milligram	1 every 6 Week(s)	
ATIVAN	Concomitant	NOT SPECIFIED				
CALCIUM	Concomitant	NOT SPECIFIED				
MAGNESIUM	Concomitant	NOT SPECIFIED				
MEZAVANT	Concomitant	TABLET (DELAYED AND EXTENDED RELEASE)				
XARELTO	Concomitant	TABLET				

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Anxiety	MedDRA V17.0	
Depression	MedDRA V17.0	
Self-injurious ideation	MedDRA V17.0	
Violence-related symptom	MedDRA V17.0	



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000582518	0	2014-01-14	2014-01-14	MAH	CAN-2014-0004641	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
			Yes

Patient Information			
Age	Gender	Height	Weight
43 Years	Female		
Report Outcome		Report Outcome	
		Unknown	

Product Information			
Product Description	Product Role	Dosage Form	Route
MARLUJANA	Suspect	NOT SPECIFIED	Unknown
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown
			Dosing
			Frequency
			Therapy Duration

Reaction Information	
Substance abuse	MedDRA Preferred Term
	MedDRA Version
	MedDRA V17.0
	Duration



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Asr.No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000584297	0	2014-01-23	2014-01-23	MAH	CAN-2014-0004654	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link Asr Number		Serious Report?		Death:		Disability:	
No Duplicate or Linked Reports				Yes		Life Threatening:		Hospitalization:	
								Congenital Anomaly:	
								Other Medically Imp Condition: Yes	

Patient Information		Report Outcome	
Age	Gender	Height	Weight
39 Years	Male		
		Report Outcome	
		Unknown	

Product Information		Product Role		Dosage Form		Route		Dosing		Frequency		Therapy Duration	
ALCOHOL		Suspect		NOT SPECIFIED		Unknown							
COCAINE		Suspect		NOT SPECIFIED		Unknown							
MARIJUANA		Suspect		NOT SPECIFIED		Unknown							
OXYCONTIN		Suspect		TABLET (EXTENDED-RELEASE)		Subdermal							

Reaction Information		MedDRA Preferred Term		MedDRA Version		Duration	
Alcohol poisoning				MedDRA V17.0			
Euphoric mood				MedDRA V17.0			
Judgement impaired				MedDRA V17.0			
Substance abuse				MedDRA V17.0			



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000584300	0	2014-01-23	2014-01-23	MAH	CAN-2014-0004652	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Disability:	Congenital Anomaly:
Yes		

Death:	Hospitalization:	Other Medically Imp Condition:
		Yes

### Patient Information

Age	Gender	Height	Weight	Report Outcome
31 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
ALCOHOL	Suspect	NOT SPECIFIED	Unknown			
COCAINE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Aggression	MedDRA V17.0	
Alcohol poisoning	MedDRA V17.0	
Judgement impaired	MedDRA V17.0	
Substance abuse	MedDRA V17.0	





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Age No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000584675	0	2014-01-24	2014-01-24	MAH	CAN-2014-0004657	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link Aer Number		Serious Report?		Death:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Life Threatening:		Other Medically Imp. Condition:	
								Yes	

## Patient Information

Age	Gender	Height	Weight	Report Outcome
29 Years	Male			Unknown

## Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCODONE	Suspect	NOT SPECIFIED	Unknown			

## Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Substance abuse	MedDRA V17.0	

## Report Information

Age No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000586942	0	2014-02-03	2014-02-03	Community		Spontaneous	Other Health Professional	CANADA	
Record Type		Link Aer Number		Serious Report?		Death:		Congenital Anomaly:	
No Duplicate or Linked Reports				No		Life Threatening:		Other Medically Imp. Condition:	
								N/A	

## Patient Information

Age	Gender	Height	Weight	Report Outcome
14 Months	Male		23 Pounds	Recovered/resolved

## Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
VEGA SPORT PERFORMANCE PROTEIN	Suspect	POWDER	Unknown	125 mL	1 every 1 Day(s)	

## Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Diarrhoea	MedDRA V17.0	



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Acc. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000687231	0	2014-02-05	2014-02-05	Community		Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
No	N/A	N/A	N/A
	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
	N/A	N/A	N/A

Patient Information			
Age	Gender	Height	Weight
18 Years	Female		
			Report Outcome
			Recovered/resolved

Product Information			
Product Description	Product Role	Dosage Form	Route
ENERGIZING SMOOTHIE	Suspect	POWDER	Oral
			Dosing
			Frequency
			Therapy Duration

Reaction Information	
MedDRA Preferred Term	MedDRA Version
Feeling cold	MedDRA V17.0
Hyperhidrosis	MedDRA V17.0
Oropharyngeal pain	MedDRA V17.0
Pyrexia	MedDRA V17.0
Vomiting	MedDRA V17.0



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Aer No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000589283	0	2014-02-19	2014-02-19	MAH	PHHY2014CA016245	Study	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?
Yes

Death:	Disability:	Congenital Anomaly:
Life Threatening: Yes	Hospitalization: Yes	Other Medically Imp Condition:

### Patient Information

Age	Gender	Height	Weight	Report Outcome
53 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
CANNABIS	Suspect	NOT SPECIFIED	Oral			
TASIGNA	Suspect	CAPSULE	Oral	300 Milligram	2 every 1 Day(s)	

### Reaction Information

Reaction	MedDRA Preferred Term	MedDRA Version	Duration
Aphagia		MedDRA V17.0	2 Day(s)
Disorientation		MedDRA V17.0	
Gastroenteritis viral		MedDRA V17.0	
Hypoaesthesia		MedDRA V17.0	
Vomiting		MedDRA V17.0	



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000595604	0	2014-03-20	2014-03-20	Community		Spontaneous	Other Health Professional	CANADA

Record Type	Link Aet Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes			
	Life Threatening:	Hospitalization:	Other Medically Imp. Condition:
			Yes

Patient Information			
Age	Gender	Height	Weight
65 Years	Female		
Report Outcome			
			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
HEMP HEARTS	Suspect	NOT SPECIFIED	Unknown			
CITALOPRAM	Concomitant	TABLET				
CRESTOR	Concomitant	TABLET				
TELMISARTAN	Concomitant	TABLET				
WARFARIN	Concomitant	TABLET				

### Reaction Information

International normalised ratio decreased	MedDRA Preferred Term	MedDRA Version	Duration
		MedDRA V17.0	



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Aer. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000596535	0	2014-03-26	2014-03-26	Community		Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer. Number
No Duplicate or Linked Reports	

Serious Report?
No

Death:	Disability:	Congenital Anomaly:
N/A	N/A	N/A
Life Threatening:	Hospitalization:	Other Medically Imp Condition:
N/A	N/A	N/A

### Patient Information

Age	Gender	Height	Weight	Report Outcome
32 Years	Female	172 Centimetres	64 Kilograms	Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
VEGA ONE	Suspect	POWDER	Oral	1 Dosage forms	Once	Once

### Reaction Information

Abdominal pain	MedDRA Preferred Term	MedDRA Version	Duration
Diarrhoea		MedDRA V17.0	
Food poisoning		MedDRA V17.0	
Vomiting		MedDRA V17.0	



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000596904	0	2014-03-04	2014-03-04	MAH	CAN-2014-0004743	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type: No Duplicate or Linked Reports

Link Aer Number: [ ]

Serious Report? Yes

Death: [ ]

Life Threatening: [ ]

Disability: [ ]

Hospitalization: [ ]

Congenital Anomaly: [ ]

Other Medically Imp. Condition: Yes

### Patient Information

Age	Gender	Height	Weight	Report Outcome
35 Years	Female	[ ]	[ ]	Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
LORAZEPAM	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCODONE	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Drug diversion	MedDRA V17.0	
Leitargy	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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000597925	1	2014-03-17	2014-03-26	MAH	CAN-2014-0004761	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medicality Imp Condition:

Patient Information			
Age	Gender	Height	Weight
	Male		
Report Outcome:			Unknown

Product Information		Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown				
HEROIN	Suspect	NOT SPECIFIED	Unknown				
MARIJUANA	Suspect	NOT SPECIFIED	Unknown				
OXYCODONE	Suspect	NOT SPECIFIED	Unknown				
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown				5 Year(s)

Reaction Information		MedDRA Preferred Term	MedDRA Version	Duration
Aggression		MedDRA V17.0		
Drug abuse		MedDRA V17.0		
Drug dependence		MedDRA V17.0		
Drug diversion		MedDRA V17.0		



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000601142	0	2014-04-09	2014-04-09	MAH	CAN20140004814	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:

Patient Information			
Age	Gender	Height	Weight
	Male		
Report Outcome			Unknown

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown			
ECSTASY	Suspect	NOT SPECIFIED	Unknown			
ETHANOL	Suspect	NOT SPECIFIED	Unknown			
HYDROMORPHONE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
NARCOTIC ANALGESICS	Suspect	NOT SPECIFIED	Unknown			

Reaction Information	MedDRA Preferred Term	MedDRA Version	Duration
Drug withdrawal syndrome		MedDRA V17.0	
Nausea		MedDRA V17.0	
Polysubstance dependence		MedDRA V17.0	
Substance abuse		MedDRA V17.0	





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000601776	0	2014-04-15	2014-04-15	Community		Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?
No

Death:	N/A	Disability:	N/A	Congenital Anomaly:	N/A
Life Threatening:	N/A	Hospitalization:	N/A	Other Medically Imp Condition:	N/A

### Patient Information

Age	Gender	Height	Weight	Report Outcome
44 Years	Female			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MEDICAL MARIJUANA	Suspect	NOT SPECIFIED	Inhalation	0.1 Gram		
GABAPENTIN	Concomitant	NOT SPECIFIED				
METHADONE	Concomitant	NOT SPECIFIED				
TYLENOL WITH CODEINE NO. 4 - TAB	Concomitant	TABLET				

### Reaction Information

Drug Ineffective	MedDRA Preferred Term	MedDRA Version	Duration
		MedDRA V17.0	

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000605544	0	2014-05-01	2014-05-01	MAH	CAN-2014-0004363	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aser Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp. Condition:
			Yes

Patient Information		Report Outcome	
Age	Gender	Height	Weight
43 Years	Male		
		Unknown	

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
COCAINE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCODONE	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Polysubstance dependence	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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### Report Information

Acc No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000606848	0	2014-05-07	2014-05-07	MAH	CAN-2014-0004888	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link Aer Number		Serious Report?		Disability:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Life Threatening:		Other Medically Imp Condition:	
								Yes	

### Patient Information

Age	Gender	Height	Weight	Report Outcome
22 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MARLUJANA	Suspect	NOT SPECIFIED	Unknown			
MORPHINE SULFATE	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

Polysubstance dependence	MedDRA Preferred Term	MedDRA Version	Duration
Substance abuse		MedDRA V17.0	
		MedDRA V17.0	



# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Ver No	0	Initial Rec. Date	2014-05-17	Latest Rec. Date	2014-05-17	Report Source	Community	MAH Number	Type of Report	Spontaneous	Reporter Type	Consumer Or Other Non Health Professional	Country	CANADA
Aer No	000607318													
Record Type	No Duplicate or Linked Reports													
Link Aer Number														
Serious Report?	No													
Death:	N/A													
Life Threatening:	N/A													
Disability:	N/A													
Hospitalization:	N/A													
Congenital Anomaly:	N/A													
Other Medically Imp. Condition:	N/A													

### Patient Information

Age	15 Years	Gender	Male	Height	167 Centimetres	Weight	60 Kilograms	Report Outcome	Unknown
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### Product Information

Product Description	MARIJUANA	Product Role	Suspect	Dosage Form	NOT SPECIFIED	Route	Unknown	Dosing		Frequency		Therapy Duration	
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### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Eye disorder	MedDRA V17.0	
Fall	MedDRA V17.0	
Gait disturbance	MedDRA V17.0	
Loss of consciousness	MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Aer No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000608184	0	2014-05-22	2014-05-22	Community		Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Yes	Congenital/Anomaly:
Yes	Life Threatening:	Hospitalization:	Yes	Other Medically Imp Condition:
				Yes

### Patient Information

Age	Gender	Height	Weight	Report Outcome
	Female	167 Centimetres	161 Pounds	Not recovered/not resolved

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MEDICAL MARIJUANA	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Crying	MedDRA V17.0	
Depressed mood	MedDRA V17.0	
Feeling abnormal	MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000610055	0	2014-05-27	2014-05-27	MAH	CAN-2014-0004930	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link Aer Number		Serious Report?		Death:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Life Threatening:		Other Medically Imp. Condition:	
				Yes				Yes	

### Patient Information

Age	Gender	Height	Weight	Report Outcome
	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
CANNABIS	Suspect	NOT SPECIFIED	Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
DRUGS	Suspect		Unknown			
ETHANOL	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Confusional state	MedDRA V17.0	
Drug dependence	MedDRA V17.0	
Psychomotor skills impaired	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc No	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000611418	0	2014-06-06	2014-06-06	MAH	CAN-2014-004970	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type:  No Duplicate or Linked Reports

Link Aer Number:

Serious Report?  Yes

Death:  Life Threatening:

Disability:  Hospitalization:

Congenital Anomaly:  Other Medically Imp Condition:  Yes

Patient Information			
Age	Gender	Height	Weight
19 Years	Male		
Report Outcome:			Unknown

Product Information	Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
	COCAINE	Suspect	NOT SPECIFIED	Unknown			
	DIMETHYLTRYPTAMINE	Suspect		Unknown			
	HEROIN	Suspect	NOT SPECIFIED	Inhalation			
	HEROIN	Suspect	NOT SPECIFIED	Intra-nasal			
	KETAMINE HYDROCHLORIDE INJECTION USP	Suspect	SOLUTION INTRAMUSCULAR	Unknown			
	LSD	Suspect					
	MARIJUANA	Suspect	NOT SPECIFIED	Inhalation			
	METHYLENEDIOXYMETHAMPHETAMINE	Suspect		Unknown			
	MORPHINE	Suspect	NOT SPECIFIED	Unknown			
	OPIOID(S)	Suspect	NOT SPECIFIED	Unknown			
	PSILOCYBIN	Suspect		Unknown			
	TYLENOL WITH CODEINE	Suspect	NOT SPECIFIED	Oral			

Reaction Information	MedDRA Preferred Term	MedDRA Version	Duration
Apathy		MedDRA V17.0	
Depression		MedDRA V17.0	
Drug diversion		MedDRA V17.0	
Emotional disorder		MedDRA V17.0	
Euphoric mood		MedDRA V17.0	
Polysubstance dependence		MedDRA V17.0	
Substance abuse		MedDRA V17.0	



# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
 Health Product: See Search Criteria  
 Initial date of receipt: 2012-04-13 to 2014-06-30  
 Total Number of Reports: 149 Reports

### Report Information

Acc. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country	
000612778	0	2014-06-13	2014-06-13	MAH	CAN-2014-0005001	Spontaneous	Consumer Or Other Non Health Professional	CANADA	
Record Type		Link Acc. Number		Serious Report?		Disability:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Hospitalization:		Other Medically Imp Condition: Yes	
						Life Threatening:			

### Patient Information

Age	Gender	Height	Weight	Report Outcome
42 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
CANNABIS	Suspect	NOT SPECIFIED	Unknown			
COCAINE	Suspect	NOT SPECIFIED	Unknown			
HYDROMORPHONE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
MDMA	Suspect	NOT SPECIFIED	Unknown			
METHAMPHETAMINE	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Drug diversion	MedDRA V17.0	
Substance abuse	MedDRA V17.0	





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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Aer.No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000613120	0	2014-06-16	2014-06-16	MAH	CAN-2014-0005004	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
			Yes

Patient Information		Report Outcome	
Age	Gender	Height	Weight
30 Years	Male		Unknown

Product Information			
Product Description	Product Role	Dosage Form	Route
MARIJUANA	Suspect	NOT SPECIFIED	Unknown
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown
PAINKILLER	Suspect	CAPSULE	Unknown

Reaction Information		MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence			MedDRA V17.0	
Drug diversion			MedDRA V17.0	
Substance abuse			MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000614013	0	2014-06-27	2014-06-27	MAH	CAN-2014-0005034	Spontaneous	Consumer Or Other Not Health Professional	CANADA

Record Type	Link Aser Number
No Duplicate or Linked Reports	

Serious Report?	Death: Yes	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:

Patient Information			
Age	Gender	Height	Weight
33 Years	Male		
Report Outcome			
Death			

Product Information			
Product Description	Product Role	Dosage Form	Route
MARIJUANA	Suspect	NOT SPECIFIED	Oral
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Oral

Reaction Information			
MedDRA Preferred Term	MedDRA Version	Frequency	Therapy Duration
Brain hypoxia	MedDRA V17.0		
Choking	MedDRA V17.0		
Loss of consciousness	MedDRA V17.0		
Substance abuse	MedDRA V17.0		



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000614948	0	2014-06-25	2014-06-25	MAH	CAN-2014-0005020	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp. Condition:

Patient Information		Report Outcome	
Age	Gender	Height	Weight
27 Years	Male		
		Unknown	

Product Information		Dosage Form		Route		Dosing		Frequency		Therapy Duration	
Product Description	Product Role	NOT SPECIFIED		Unknown							
MARIJUANA	Suspect	NOT SPECIFIED		Unknown							
MORPHINE SULFATE	Suspect	TABLET (EXTENDED-RELEASE)		Unknown							
OXYCONTIN	Suspect	TABLET		Unknown							
PERCOCET	Suspect			Unknown							

Reaction Information		MedDRA Preferred Term		MedDRA Version		Duration	
Drug tolerance				MedDRA V17.0			
Drug withdrawal syndrome				MedDRA V17.0			
Euphoric mood				MedDRA V17.0			
Negative thoughts				MedDRA V17.0			
Panic attack				MedDRA V17.0			
Polysubstance dependence				MedDRA V17.0			
Substance abuse				MedDRA V17.0			



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Aer.No	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000615309	0	2014-06-26	2014-06-26	MAH	CAN-2014-0005022	Spontaneous	Consumer-Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Disability:	Death:	Congenital Anomaly:
Yes	Hospitalization:	Life Threatening:	Other Medically Imp Condition:
			Yes

Patient Information			
Age	Gender	Height	Weight
35 Years	Female		
Report Outcome:			Unknown

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
CANNABIS	Suspect	NOT SPECIFIED	Unknown			
COCAINE	Suspect	NOT SPECIFIED	Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
DRUGS	Suspect		Unknown			
LSD	Suspect					

Reaction Information	
Polysubstance dependence	MedDRA Preferred Term
Substance abuse	MedDRA Version
	MedDRA V17.0
	MedDRA V17.0
	Duration



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc No:	000615332	Version No:	0	Initial Rec. Date:	2014-06-26	Latest Rec. Date:	2014-06-26	Report Source:	MAH	MAH Number:	CAN-2014-0005019	Type of Report:	Spontaneous	Reporter Type:	Consumer Or Other Non Health Professional	Country:	CANADA
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Record Type	Link Aser Number
No Duplicate of Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
			Yes

Patient Information	
Age	40 Years
Gender	Male
Height	
Weight	
Report Outcome	Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
ANALGESICS	Suspect	NOT SPECIFIED	Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
HYDROMORPHONE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
PILLS	Suspect		Unknown			

### Reaction Information

Reaction Information	MedDRA Preferred Term	MedDRA Version	Duration
Fatigue		MedDRA V17.0	
Polysubstance dependence		MedDRA V17.0	
Psychomotor skills impaired		MedDRA V17.0	
Substance abuse		MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
000615504	0	2014-06-27	2014-06-27	MAH	CAN-2014-0005036	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aer Number
No Duplicate or Linked Reports	

Serious Report?	Disability:	Death:	Congenital Anomaly:
Yes			

Hospitalization:	Other Medically Imp Condition:
	Yes

### Patient Information

Age	Gender	Height	Weight	Report Outcome
38 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
MARLUANA OXYCODONE	Suspect Suspect	NOT SPECIFIED NOT SPECIFIED	Unknown Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug diversion Substance abuse	MedDRA V17.0 MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Aer No.:	Version No.:	Initial Rec. Date:	Latest Rec. Date:	Report Source:	MAH Number:	Type of Report:	Reporter Type:	Country:
EZB_0003466C	0	2013-10-23	2013-10-23	MAH	1291343	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type:	Link Aer Number:
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:

### Patient Information

Age:	Gender:	Height:	Weight:	Report Outcome:
20 Years	Male			Unknown

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
DIAZEPAM	Suspect		Unknown			
HYDROMORPH CONTIN	Suspect	CAPSULE, SUSTAINED-RELEASE	Unknown		18 Milligram	
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Loss of consciousness	MedDRA V17.0	
Substance abuse	MedDRA V17.0	



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Accr. No.	Version No.	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
E2B_00036397	0	2013-10-31	2013-10-31	MAH	1294949	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Acc Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:
			Yes

Patient Information			
Age	Gender	Height	Weight
60 Years	Male		
Report Outcome		Unknown	

Product Information					
Product Description	Product Role	Dosage Form	Route	Dosing	Frequency
DIAZEPAM	Suspect		Unknown		
DILAUDID	Suspect	NOT SPECIFIED	Unknown		
MARJUANA	Suspect	NOT SPECIFIED	Unknown		
OXAZEPAM	Suspect	TABLET	Unknown		

Reaction Information	
MedDRA Preferred Term	MedDRA Version
Substance abuse	MedDRA V17.0
Duration	





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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

Report Information		Version No.		Initial Rec. Date		Latest Rec. Date		Report Source		MAH Number		Type of Report		Reporter Type		Country	
E2B_00036447	0	2013-10-31	2013-10-31	2013-10-31	2013-10-31	MAH	MAH	1296671	Spontaneous	Consumer Or Other Non Health Professional	CANADA						

Patient Information		Record Type		Link Aer Number		Serious Report?		Death:		Disability:		Hospitalization:		Congenital Anomaly:		Other Medically Imp Condition:	
Age:	36 Years	Gender:	Male	Height:		Weight:		Report Outcome:	Death	Yes							

Product Information		Product Role		Dosage Form		Route		Dosing		Frequency		Therapy Duration	
Product Description	Suspect												
COCAINE	Suspect					Unknown							
DIAZEPAM	Suspect					Unknown							
ELAVIL	Suspect	TABLET				Unknown							
MARIJUANA	Suspect	NOT SPECIFIED				Unknown							
OXYCODONE	Suspect					Unknown							
QUETIAPINE FUMARATE	Suspect					Unknown							

Reaction Information		MedDRA Preferred Term		MedDRA Version		Duration	
Cardiac arrest				MedDRA V17.0			
Drug abuse				MedDRA V17.0			
Dysarthria				MedDRA V17.0			
Overdose				MedDRA V17.0			
Somnolence				MedDRA V17.0			



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# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
Health Product: See Search Criteria  
Initial date of receipt: 2012-04-13 to 2014-06-30  
Total Number of Reports: 149 Reports

### Report Information

Acc. No. E2B_00036456	Version No. 0	Initial Rec. Date 2013-10-31	Latest Rec. Date 2013-10-31	Report Source MAH	MAH Number 1296361	Type of Report Spontaneous	Reporter Type Consumer Or Other Non Health Professional	Country CANADA	
Record Type		Link Aer Number		Serious Report?		Disability:		Congenital Anomaly:	
No Duplicate or Linked Reports				Yes		Hospitalization:		Other Medically Imp Condition: Yes	

### Patient Information

Age 32 Years	Gender Female	Height	Weight	Report Outcome Unknown
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### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
DIAZEPAM	Suspect		Unknown			
DILAUDID	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
RITALIN	Suspect	NOT SPECIFIED	Unknown			

### Reaction Information

Drug dependence	MedDRA Preferred Term	MedDRA Version	Duration
		MedDRA V17.0	



# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
 Health Product: See Search Criteria  
 Initial date of receipt: 2012-04-13 to 2014-06-30  
 Total Number of Reports: 149 Reports

### Report Information

AE No	Version No	Initial Rec. Date	Latest Rec. Date	Report Source	MAH Number	Type of Report	Reporter Type	Country
E2B_00038355	0	2013-11-12	2013-11-12	MAH	1295600	Spontaneous	Consumer Or Other Non Health Professional	CANADA

Record Type	Link Aar Number
No Duplicate or Linked Reports	

Serious Report?	Death:	Disability:	Congenital Anomaly:
Yes	Life Threatening:	Hospitalization:	Other Medically Imp Condition:

Patient Information		Report Outcome	
Age	Gender	Height	Weight
39 Years	Female		
		Unknown	

### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
CLONAZEPAM	Suspect	TABLET	Unknown			
CODEINE	Suspect		Unknown			
DIAZEPAM	Suspect		Unknown			
HYDROCODONE BITARTRATE	Suspect	NOT SPECIFIED	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
MORPHINE SULFATE	Suspect	CAPSULE	Unknown			

### Reaction Information

Reaction	MedDRA Preferred Term	MedDRA Version	Duration
Euphoric mood		MedDRA V17.0	
Impaired driving ability		MedDRA V17.0	
Road traffic accident		MedDRA V17.0	
Substance abuse		MedDRA V17.0	

# Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: 2014-08-07 - 2:51:42 PM  
 Health Product: Sea Search Criteria  
 Initial date of receipt: 2012-04-13 to 2014-06-30  
 Total Number of Reports: 149 Reports

### Report Information

Acc. No. E2B_00091074	Version No. 0	Initial Rec. Date 2014-05-04	Latest Rec. Date 2014-05-04	Report Source MAH	MAH Number 1389226	Type of Report Spontaneous	Reporter Type Consumer Or Other Non Health Professional	Country CANADA	
Record Type		Link Aer Number		Serious Report? Yes		Death: Life Threatening:		Disability: Hospitalization: Congenital Anomaly: Other Medically Imp Condition: Yes	

### Patient Information

Age 20 Years	Gender Male	Height	Weight	Report Outcome Unknown
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### Product Information

Product Description	Product Role	Dosage Form	Route	Dosing	Frequency	Therapy Duration
DIAZEPAM	Suspect	TABLET	Unknown			
MARIJUANA	Suspect	NOT SPECIFIED	Unknown			
OXYCONTIN	Suspect	TABLET (EXTENDED-RELEASE)	Unknown			

### Reaction Information

MedDRA Preferred Term	MedDRA Version	Duration
Drug dependence	MedDRA V17.0	
Hyperhidrosis	MedDRA V17.0	
Overdose	MedDRA V17.0	
Substance abuse	MedDRA V17.0	
Withdrawal syndrome	MedDRA V17.0	

# Annex 3

APR 21 2011



the future lives here.

11-108707-324

April 1, 2011

File: 0360-20

Health Canada  
9th Floor Room A909 MacDonald Building  
123 Slater Street  
Ottawa, Ontario K1A 0K9

Attn: Cathy Sabiston, Director General, Controlled Substances and Tobacco Directorate

Dear Ms Sabiston:

**Re: Marijuana Medicinal Access Regulations (MMAR)**

The City of Surrey Electrical Fire Safety Team has discovered 15 Medicinal Grow ops (MMAR's) to date, and inspected 13 in the past three years. Violations of municipal regulations were found at all sites as well as numerous violations of the provincial electrical code, building code, and fire code. Most of the sites required immediate electrical system remediation.

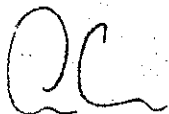
The most recently discovered MMAR License holder was cultivating marijuana in a rented residence at 7976 - 170A St. in the City of Surrey, under a MMAR "Authorization to Possess" and "Authorization to Produce", granted to Mr. Glen Lyle Olson to a civic address in the City of Chilliwack. A photo of each authorization is attached. The Surrey EFSI team was led to this residence through a Crime Stoppers tip directed through the RCMP. An inspection of the property revealed multiple electrical, and safety concerns, as well as building alterations in violation of the building code and fire code. With the amount of site contamination from plants, soil, and chemicals, this property will require extensive remediation and professional air quality and mould testing to ensure the safety of future tenants.

This demonstrates that without disclosure of MMAR locations, there are no means for city inspectors to ensure compliance of codes and regulations, or to ensure the home is remediated and rendered a safe and healthy environment after being used for marijuana production.

It would appear that Mr. Glen Lyle Olson was without his authorization to cultivate marijuana within the City of Surrey by presenting an "Authorization to Produce" marijuana in the City of Chilliwack, the City of Surrey requests that you revoke his MMAR licenses to produce and possess marijuana, and deny any future applications to possess or cultivate marijuana.

The City of Surrey also requests that you reconsider the issue of disclosure in order to assist the city in managing the safe operation and complete remediation of properties used in the MMAR program.

Regards,



Len Garis  
Fire Chief

CC: Murray Dinwoodie, City Manager, City of Surrey  
Craig MacFarlane, City Solicitor, City of Surrey  
Ed Warzel, Manager Bylaws and Licensing Services, City of Surrey


2 Attachments

Address Location: 1507B  
Ottawa ON K1A 1B9

MMAR-1200-10

### PERSONAL-USE PRODUCTION LICENCE DRIED MARIJUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Maribuan Medical Access Regulations (MMAR)*. You are hereby licensed to produce dried marijuana for your medical purpose in accordance with your licence. This document and the ID card will serve as proof of your authority to produce marijuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof in the police.

HOLDER OF LICENCE INFORMATION	
NAME:	Gen Lyle Olson
ADDRESS:	4542 Wells Rd Chilliwack BC V2R 1H3
RESIDING ADDRESS:	Same as above
DATE OF BIRTH:	17/10/1961
GENDER:	Male
TERMS AND CONDITIONS	
PRODUCTION SITE:	4542 Wells Rd Chilliwack BC V2R 1H3
MODE OF PRODUCTION:	Indoors only
PRODUCTION QUANTITIES:	The maximum number of marijuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is <b>30 PLANTS (indoor)</b> .
STORAGE SITE:	4542 Wells Rd Chilliwack BC V2R 1H3
STORAGE QUANTITIES:	The maximum quantity of dried marijuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is <b>1350 grams</b> and it must be stored indoors.
EXPIRY DATE	
Please note this <i>Personal-Use Production Licence</i> expires on <b>December 15, 2011</b> . Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least <b>8 weeks prior</b> to your expiry date.	
ISSUED BY:	DATE OF ISSUE:
 Jeanine R. Ritchot, Director Medical Cannabis Office of Controlled Substances	DEC 15 2010

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

03/30/2011 09:06

All inquiries regarding this licence should be directed to the Marijuana Medical Access Division toll free phone number: 1-866-337-7705.



### AUTHORIZATION TO POSSESS BRIEF MARIJUANA FOR MEDICAL PURPOSES

You have been recommended by a physician with a valid license to practice medicine in the State of Maryland to possess and use marijuana for medical purposes. You are hereby authorized to possess and use marijuana for your medical purposes as indicated with this authorization. This authorization shall be valid for a period of one (1) year, unless otherwise indicated. You should have a copy of this document with you at all times when you are in possession of the marijuana that you are authorized to possess for medical purposes.

HOLDER OF AUTHORIZATION INFORMATION			
NAME:	Cheryl Ann Green	DATE OF BIRTH:	11/10/1961
ADDRESS:	15142 West Rd	GENDER:	Female
MAILING ADDRESS:	Crown Point, MD 21031		

TERMS AND CONDITIONS
The holder of this authorization shall not be subject to any other restrictions or conditions of the Maryland Medical Cannabis Program.

MEDICAL PRACTITIONER INFORMATION
NAME: Dr. Norman King Long

EXPIRES DATE
Expires on the last day of the month of December 31, 2011. Any other date shall be void.

ISSUED BY	DATE OF ISSUE
Norman K. King, M.D. Medical Director Office of Controlled Substances	DEC 15 2010

PLEASE READ ALL ENCLOSED DOCUMENTS  
CAREFULLY

ENCLOSURE(S):  
 Information on Alcohol Abuse and Drug  
 Authorization to Possess and Use Marijuana

Dr. Norman King Long  
 15142 West Rd  
 Crown Point, MD 21031



03/30/2011 08:07

# Annex 4

H.C. Connop - Short 255 15/03/12



RECEIVED - REÇU  
14 MR 2012  
HOUSE OF COMMONS  
Maison des communes

ECD Health Canada / DCHG Santé Canada  
MAR 19 2012  
12-01018-953

March 2, 2012

The Honourable Leona Aglukkaq, P.C., M.P.  
Minister of Health and Minister of the Canadian Northern Economic Development Agency  
Government of Canada  
House of Commons  
Ottawa, Ontario,  
K1A 0A6

RECEIVED  
Minister's Office  
Health Canada  
MAR 15 2012  
REÇU  
Cabinet du Ministre  
Santé Canada

Dear Minister:

I am writing to you today to inquire about establishing a working relationship between our governments with respect to the safety of federally licensed medical marihuana grow operations.

The City of Calgary is facing a challenge regarding the safety of these operations in our city. On January 18, 2012, and again on February 15, 2012, The City of Calgary's Safety Codes Officers used search warrants to enter two Health Canada licensed medical grow operations. The officers discovered multiple safety code infractions in both houses, including: building and electrical code infractions, compromised air intake, toxins, pesticides, herbicides, fertilizer and potential contamination of drinking water. In the second house, the safety codes officers also discovered that the electrical and water meters had been bypassed.

In each of these cases, Alberta Health Services (AHS) public health officials also inspected the home and issued an Executive Officer's Order declaring the premises unfit for human habitation until remediated to the satisfaction of the AHS.

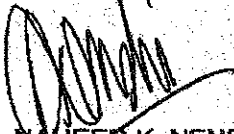
The City of Calgary's interest is to ensure that licensed medical marihuana grow operations comply with the *Public Health Act*, provincial safety codes, and local bylaws. The City of Calgary is aware that the role of Health Canada's inspectors, based on Health Canada's mandate, is to ensure compliance with the *Marihuana Medical Access Regulations* (MMAR), and does not include responsibility for ensuring compliance with provincial codes and municipal bylaws.

The City of Calgary supports the position of the Canadian Association of Fire Chiefs and shares their key concerns. Currently, there is no process to inform The City of Calgary of MMAR licences issued in our city. Thus, we have no ability to ensure the buildings comply with the provincial and municipal building, safety, fire and electrical codes, which puts the residents living in these premises at risk. The City of Calgary is also not able to ensure that buildings with infractions are properly remediated and inspected. This presents both a health and safety and financial risk to future occupants or purchasers.

The City of Calgary would like to work with a Health Canada representative to find a solution to the issue of safety, while respecting federal legislation that protects the privacy of individuals holding MMAR licences. To address the serious safety issues around federally licensed marihuana grow operations, The City of Calgary would appreciate your support in providing us with a liaison from Health Canada. I believe our governments share this concern for the safety of these operations and that we can work together to meet our respective and mutual goals.

If you have questions or require further information, please contact me at your convenience.

Sincerely,

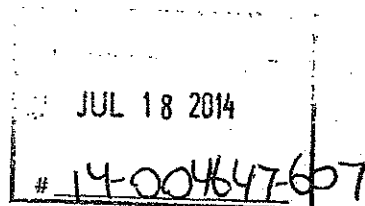


NAHEED K. NENSHI  
MAYOR

*Thank you for your consideration!*

CC: The Hon. Jason Kenney, P.C., M.P.,  
Calgary City Council  
Owen Tobert, City Manager

# Annex 5



NAHEED K. NENSHI, MAYOR

July 9, 2014

The Honourable Leona Aglukkaq, P.C., M.P.  
 Minister of Health and Minister of the Canadian Northern Economic Development Agency  
 Government of Canada  
 House of Commons  
 Ottawa, Ontario K1A 0A6

Dear Minister:

I would again like to commend Health Canada for taking action to address the safety concerns expressed by The City of Calgary, the Government of Alberta and other stakeholders related to the outgoing Medical Marihuana Access Program (MMAP). The new Marihuana for Medical Purposes Regulations (MMPR) have signalled a commitment by the federal government to respond to both community safety and individual medical needs.

However, from a community safety perspective it is unfortunate that the planned discontinuation of MMAP on April 1, 2014 has been delayed by an injunction. We'd like to remind you that in anticipation of changes to the MMAP, The City of Calgary amended our Land Use Bylaw 1P2007 (LUB) to create under Section 233.1 the Medical Marihuana Production Facility category. The LUB change was effective April 28, 2014 and accommodates all new applications for commercial medicinal marihuana grow operations under the MMPR. This change in our LUB now prohibits residential medicinal marihuana grow operations (MMAP) from operating within specified set-back areas from our residential communities. This change also means that these operations will no longer be permitted in a residential home within the city of Calgary.

On March 2, 2012 we formally requested that Health Canada produce a list of all MMAP. Due to the above stated changes to our land use bylaw, this request is now critical.

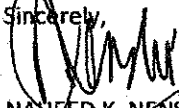
Since 2012, The City of Calgary's Coordinated Safety Response Team (CSRT) has inspected 28 federally licensed residential grow operations. In all cases the owners' operation was closed due to identified safety risks and violations. During the injunction, The City is proposing to continue to use this list to monitor and conduct safety inspections of currently identified operations as we had previously done to protect our community and ensure compliance with all safety regulations and legislation. Once reviewed, the owners would be contacted to assist them in returning the residential structure to a habitable state.

Historic City Hall, 700 Macleod Trail South, #8069, Calgary, AB, Canada T2P 2M5  
 T 403.268.5622 F 403.268.8130 E themayor@calgary.ca

*Proudly serving a great city*

The implementation of the Marihuana for Medical Purposes Regulations (MMPR) is an extremely positive step forward, however the continued existence of the residential medical marihuana grows operations (MMAP) poses an ongoing risk to our communities.

Sincerely,



NAHEED K. NENSHI  
MAYOR

c.c. The Honourable Jason Kenney, P.C., M.P.  
Calgary City Council  
Jeff Fielding, City Manager

Historic City Hall, 700 Macleod Trail South, #8069, Calgary, AB, Canada T2P 2M5  
T 403.268.5622 F 403.268.8130 E themayor@calgary.ca

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# Annex 6



## BMC Correspondence - Q40 - Responses pertaining to Smell

Date of Incoming/Initial	Complaint description (basic summary, few key points)	Province
B.S. / 2012-12-01	The smell was very strong and I was forced to keep my grandchildren in the house most of the day	ON
A.d.V. / 2013-02-14	Began smelling a strong odour of marihuana. I can smell it throughout the block (neighbourhood), it is unpleasent and annoying. The odour is affecting my quality of life.	BC
A.G. / 2013-08-30	Business owner has complained that the odour is making his staff ill. They have experienced headaches, tightness of the chest and sore throats. They find the odour at times oppressive and unbearable.	BC
A.K. / 2013-08-01	The odour is bad we cannot sit on our deck or in the backyard. The neighbours are noticing the smell. Is there a more effective way of venting the terrible and headache producing odour?	N/A
A.K. / 2013-06-07	The smoke enters our place endagering my health and my family's health	N/A
A.L. / 2013-08-15	I cannot leave my windows open in my house. My two children can't play outside or dry my laundry on the line outside as the smell is so thick in the air. I support the use of MM just not at the cost of mine and my family's quality of life.	BC
A.P. / 2013-12-07	The unmistakable smell of marijuana drifting across the playgrounds of an Elementary school. Not only does it stink but we're also concerned about the kids breathing in the particulate matter in the air from the grow-up while playing in the their own shcool yard.	N/A
A.P. / 2013-06-26	The smell from the Marihuana is unbreathable. Not properly ventilated.	AB
A.P. / 2013-05-23	Ventilation: As I can smell it expecially in my ajoining yard.	AB
A.R. / 2013-03-21	Subject to the overpowering stench of marihuana being improperly ventilated. Having asthma and young children we find it impossible to go outside of our home and are overcome from the fumes. Our children play outside only for a short time and then retreat inside to escape the smell. My youngest starts having coughing fits after several minutes . This has affected our quality of life.	BC
A.S. / 2013-08-19	We have been exposed on an ongoing basis to a strong odour of marihuana. My 7 year old daughter's bedroom had become unlivable as a result of the smell.I am fearful as a result of the strong odour which has come into our home and the unknown effect on my daughter's health.	ON
A.S. / 2013-08-19	We have been exposed on an ongoing basis to a strong odour of marihuana. My 7 year old daughter's bedroom had become unlivable as a result of the smell.I am fearful as a result of the strong odour which has come into our home and the unknown effect on my daughter's health.	ON
B.N.M. / 2012-07-16	I can no longer enjoy so much sitting out on my stoop or opening the windows to get fresh air. The stench from these plants is very rank and is filtering over to my property .	N/A
B.C / 2013-09-04	Small children reside on both side of this home, my neighbour are afraid to let her kids outside , she tells them there is a skunk outside	ON

B. L. / 2013-02-28	The noxious odors emulating from this house have increased dramatically from the odors emitting from the previous grow-op. I had a neighbor complain and they live across the street-400ft from grow-op. The Health risk from molds and noxious fumes is making us ill.	BC
B. L. / 2013-03-04	I have discovered that I am allergic to the noxious fumes coming from the growop next door. My eyes and nose are running, my sinuses swell up leaving me with shortness of breath every time I step outside of my house. The reactions are almost immediate and dissipate within a half hour of leaving the house and area.	BC
B. M. / 2013-05-29	Increased health concerns for the occupants breathing in the mold spores and potential to distrb reasonable enjoyment to other tenants in the building	ON
B.M. / 2012-08-09	N/A RE: Property needs to be inspected Second complaint( same property but different correspondence) - Concerns with the venting of the grow op onto a neighbours yard with the children and the people that live in the home.	BC
B.M. / 2012-02-08	I have reported this operation to the RCMP because of the offensive odour and the comings and going of a group of people she hired to grow her pot	BC
B.S. / 2013-09-21	The smell has become increasly worse. We are concerned about the environmental issues and the safety and quality of life of the residents	ON
B.S. / 2013-04-21	It is bad enough that we have to put of with the smell we also have to look at this mess	ON
C.A. / 2013-06-07	Noxious smell fro the grow-op impacting the ability to enjoy our home and property. We are frequently unable to open our windows or use our backyard.	BC
C.C. / 2013-05-24	One issue is that the smell that is being vented out to the rear of the trailer. This smell is noticeable inside my dwelling when my windows ar open or closed. I have concerns for the health of my family from this irritating smell.	AB
C.C. / 2013-09-16	My concern is with the noxious odors/fumes that come from this place. I have two small children and we find it difficult to spend time outdoors due to the smell. We cannot open windows in our home or the smell permeates everything. I have been getting headaches and have to wonder of this is the cause.	SK
C.M. / 2013-09-24	The smell from this is extremely powerful and at certain times I can smell it in my house with the doors closed and frequently smell it outdoors.	BC
C. M. / 2013-11-03	Lanlord can smell the marijuana and is looking for information required from tenant without breaking the law	N/A
C. M. / 2013-06-13	Proprerty manager received several complaints about odour coming from the unit . They wan to know whether that location had a leagal permit to grow.	BC
C. P. / 2013-06-18	The neighbour lives below us who warfs up copious amounts of very strong, offensive-smelling marijuana smoke several times a day which enters our suite and renders our balcony unusable.	BC
C.P. / 2013-08-20	N/A RE: new medical marijuana regulations 2014	BC

C.B. / 2013-02-28	Smell is very strong and bothering the neighbours and would like an inspector to visit the premises	QC
Cst. F. / 2013-03-06	This property is a awarehouse with three garages bays. These bays were admitting a very powerful odor of fresh marihuana that filled the parking lot. Conerns regarding his personal production designted licence	BC
D.B. / 2013-12-31	N/A RE: Local prohibition of production	BC
D.B. / 2013-02-12	The smell is offensive and there are a lot of kids in the neighbourhood - is there rules and regulations governing the smell?	N/A
D.C. / 2013-04-11	RE: Indoor Air Quality Complaint related to growing of marijuana	ON
D.F. / 2013-09-16	Complain about the horrendous smell coming from the Marijuana Grow-op. The smell is so horrendous that it can make a person nauseous.	ON
D.H. / 2013-08-01	The unbearable odor has made it impossible for our family to have even a minimal level of use and enjoyment of our home. Doors and windows to our home must remain closed. I have three young children and I am forced to keep the windows cloed to their rooms , the odor is unbearable, noxious and causes headaches and migraines.	BC
D.H. / 2013-06-25	I have had smells from them since Dec. 2012 . The smell is so strong I thought I was going to be sick.	BC
D.M. / 2013-02-05	N/A RE: the form letter to grow marijuana / enraged neighbours	BC
D.O. / 2013-06-17	N/A RE: Licensed Medical Grow-op / Safety and Security	BC
D.O. / 2013-05-30	N/A RE: Licensed Medical Grow-op / Safety and Security	BC
D.S. / 2013-07-05	Re: Medical Marijuana Grow-op . I have had smells from them since Dec. 2012 .	BC
D.S./2012-05-14	Live in duplex and neighbour on adjoining wall medical marihuana grow; my asthma gone for 15 year and is now back--mold is worst trigger; smell so intense runs through whole house and outside back deck where their vents are	BC
D.S./2012-05-24	**See above	BC
D.S./2013-03-03	Complaints from customers of stronf marihuana odour	N/A
D.S./2012-05-11	Is MS patient marihuana user but says marihuana messy and it stinks	NS
M.P./2013-08-20	complaint quality of life issue odour of fresh cannabis detected by neighbours	ON
K./2013-09-01	another weekend of smelling pot from back and front decks till our throats are sore; can't have friends over with children because of bad smell; terribly irritating nauseating smell.	SK
E.B./2013-12-20	tenant growing marihuana in rental property of 50 units occupied most by seniors who complain constantly of foul odor throughout the property	NS
E.C/2012-05-29	Live close to house with grow permit in residential area; looks unoccupied: stell door; bars on windows and the stink emaninting is terrible.	N/A
E.K./2013-01-22	The 'horrendous smell' is present non-stop which is an indication that an inspection never took place	ON
E.K./2012-03-13	Severe complaints regardig odour in the building; residents/visitors becoming ill, as well as employees	ON

E.K./2012-10-25	Writing on behalf of 210 residents of a building - owner of a single unit creating unbearable smell in building with MM production; concern about lack of inspection	ON
E.W./2013-03-25	Smells odours from a grow op in back yard while trying to eat dinner; keeps patio doors shut due to smell;	BC
G.B./2013-08-23	Respiratory sensitive child living next door to a licenced marihuana grow op with noxious odours similar to skunk	BC
G.C./2012-05-23	Deals with second hand smoke and air quality (no specific reference to smell/odours)	BC
G.D./2013-09-16	Neighbourhood smells 'as if a thousand skunks have invaded the neighbourhood'; cannot sit outside due to smell	ON
G.D./2013-09-06	The smell of marihuana in the residential neighbourhood is noxious	ON
G.H./2013-02-10	Mentions people living in the area who are complaining about stink coming from grow ops;	BC
G.H./2012-11-19	Inquiry about confines related to odours coming from smoking marihuana	N/A
G.P./2013-08-13	Entire nighbourhood is smelling and everyone has headaches; area smells of skunk; cannot spend time outside; cannot open windows; cannot take grandchildren out to play;	MB
G.P./2013-11-19	Complaint about the government not being able to do anything about the marijuana smell coming from next door (MM licence to grow); smell is wafting through the vents and all of the clothes smell of marihuana; cannot open windows in the home as the smell is so overpowering; unfair to the neighbourhood	MB
G.U./2013-04-30	totally disgusted pot grown in nice residentialneighbourhood that is also school zone; smnell outside disgusting; now smell in my basement, where my home office is located; also not feeling well--sure the smell is the problem	MB
H.J./2013-01-30	Smell from a neighbour using marihuana is stronger and stronger, present in hallway and correspondent's uint; other tenants compalining as well;	NB
H.M./2013-04-16	Neighbourhood smells of skunk all the time due to MM grow op;	BC
H.M./2013-04-26	Concerns regarding the stench that correspondent has to endure sitting on sundeck; stench is present all day and night long; RCMP can't do anything about it; family and neighbours should not have to put up with stench	BC
H.M./2012-07-12	**Same as correspondence below	ON
H.M/2012-07-19	A letter from the citizens of a community - distinctive smell has been lingering in the area from a legal grow op; smell is coming from vents in the house; smell is the result of the process of growing and drying the pot for future sales; embarassing to have visitors over in the summer for a BBQ when the foul smell is present; children becoming ill due to smell that lingers in the air and elders are forced to close their windows in their house and with the very high heat, this means the house will be very uncomfortable to live in without proper ventilation - may cause death due to exhaustion	ON
I.L./2011-10-21	Smell from a neighbouring marihuana grow op is consistent	BC

J.B./2013-08-29	RCMP couldn't interfere when residents complained about smell; smell is overwhelming and windows have to be closed in home making sleep difficult	BC
J.B./2012-05-04	Smell from a neighbouring licenced grower is atrocious, skunky; unable to open windows; not sure if the smell is a gas leak or marihuana; visitors are offended by the smell; daughter's allergies affected	ON
J.G./2013-11-19	Correspondent doesn't think it's fair to transition to new regs on account of smell, among other things	N/A
J.H./2013-04-03	Complaint about air pollution resulting from legal grow-ops (no specific reference to smell/odours)	BC
J.H./2013-12-23	Municipality received numerous complaints regarding odour associated with production of marihuana on property, which is adjacent to a school; smell present in school	BC
J.H./2013-12-27	Concern regarding marihuana odour believed to be related to a medical marihuana production facility	BC
J.H./2013-12-27	**Letter was attached in the document - see letter above	BC
J.K./2013-07-16	Correspondent demands relief from toxix marihuana fumes	N/A
J.L./2013-05-29	Licenced grower in the adjoining home has been subjecting neighbours to daily noxious marihuana fumes; venting is inappropriate; odours/fumes do not make for a professional environment to meet clients	BC
J.M./2013-02-15	In order to avoid smell affecting children, patient likes to cook marihuana, thus exceeding his limit - asking for help in increasing his daily allowance	N/A
J.N./2013-06-27	**Same as correspondence below	MB
J.N./2013-06-27	**Same as correspondence below	MB
J.N./2013-06-27	Corresponded reported a smell of marihuana to crimestoppers; grower has no filtration system and odour can be detected from a mile away which is not acceptable in a residential area with families having to live next door; operating near two elementary schools	MB
J.P./2013-09-18	Town folks have been complaining aout the smell form a building indicating that it is 'quite rank';	MB
J.P./2012-02-23	Condo residents have been complaining regarding the overwhelming smell in all common areas, especially lobby of the condo building; new efficient windows have actually compounded the problem of smell resulting in a significant volume of complaints written and verbal to the Property Manager and Board of Directors; lawyers and real estate agents are complaining that the smell of marihuana is impacting the value and ability of owners to sell their units and resulting in complaints from purchasers after possession; security employee lost 3 months of work due to health issues resulting from smell; resident directly above prod site is on oxygen since the unit is floode with smell of marihuana on a daily basis	ON

J.P./2012-03-13	Numerous condo residents complained regarding the pungent odour of the grow up; residents becoming ill; smell is strong in the parking lot and around the building when the plants are reaching their final few weeks to maturity; all visitors residents are assaulted with the smell from parking lot through to their units	ON
J.Q./2012-08-07	Licensed grower next door is growing in a garage that has open windows and when the plants are mature the odours are very strong; correspondent is allergic to marijuana and the odours are making him/her ill; one of the local bylaws states that a home business may not produce noxious odours; local authorities cannot do anything since the site is federally licensed	N/A
J.R./2013-01-02	Smell of plants in the next door neighbour's rooms is nauseating to correspondent and his/her customers	BC
J.W./2013-02-13	Concern about personal production licences and the possibility of noxious odours emanating from them; residences surrounding these grow ops would be subject to these odours every 2 months; odours from the grow ops adversely affecting quality of life	N/A
K.B./2013-02-19	Business owner complaining about customers coming into shop smelling of 'skunk marijuana'; smell lingers a long time and is irritating to his sinuses; inquiry about whether HC supplies patients with product that smells like skunk	N/A
K.B./2013-06-20	Concern about inspection of a legal grow op since the correspondent can still smell marijuana emanating from it	BC
K.D./2012-06-07	Inquiry about procedures related to approvals/security measures pertaining to odor control, ventilation	ON
K.F./2013-07-27	Family should not have to smell the obnoxious fumes from legal grow ops	BC
K.H./2013-01-20	Neighbour in a senior's building who lives right next to an elevator smokes marijuana and the odour is present throughout the hallway; he smokes at least twice a day and the smell fills the whole first floor and both elevators with the smell of skunk; others are increasing their use of cologne and room fresheners which is further causing problems to those suffering from allergies and other conditions; embarrassing to have visitors smell the odour; odour causing headaches and nausea	ON
K.N./2013-04-08	Correspondent has a home-based business and a staff member thought that the odour was coming from their own house instead of the legal grow op in the neighbourhood; potential renters are questioning the odour;	BC
K.T./2013-04-09	The smell of neighbouring licensed grow-op is not contained in their residence and is incredibly strong inside the home causing headaches; smell is foul and intolerable; chemicals are potentially harmful; concerned about their children's health	NS
L.C./2013-09-20	Correspondent states that HC's guidance document discusses filtration of all ventilation air for pollen removal and odours and that the guidance is vague and only suggestive.	N/A

L.P./2013-03-08	Licensed grow op emitting odours correspondent's own business space; others are suspecting the correspondent is the one growing marihuana due to 'rank odour'; smell never goes away and permeates everything in their space; cannot have premises, uniforms and trucks smelling of marihuana	BC
L.S./2013-02-28	Correspondent argues against the new regs by stating that marihuana edibles are preferred by neighbours of patients who would rather not smell cannabis smoke in or around their homes;	BC
L.W./2013-02-09	Correspondent experienced the pungent smell when going for a run; smell compromising his health; children asked to stay inside to because of the smell	BC
L.W./2013-01-31	Licensed grow op in neighbourhood causing concern due to the amount of smell that drifts across the cul-de-sac into home; correspondent has to ask children to play inside so they are not affected by the smell	BC
M.G./2013-08-18	Neighbouring property is expanding into a large grow op - concern about pungent and strong smell that would result in the grow op, no matter how robust the filtering ventilation system that is installed and approved;	ON
M.H./2013-01-30	Neighbour has a licence to grow - grows them in his garage which vents directly onto his elderly neighbour; smell is strong and is causing her headaches	N/A
M.H./2013-01-01	Smell from legal grow op has been increasing over time and has reached a point that is no longer tolerable; cannot spend time in the yard due to smell, will not allow daughter in the yard; odour can be smelled more than one block away; odour can be detected from the car while approaching the house; embarrassed by odour in front of visitors to the house	BC
M.H./2012-09-01	Licensed grow op emitting continuous odour from the property; noticeable both inside and outside the home; concerned about potential health effects, particularly to 8 year old daughter resulting from exposure to these odours; odour is obvious from the street - safety concern	BC
M.M./2013-07-08	Inquiry about what can be done to prevent the smell of a MM prod site; smell inside and outside of house, children's clothing smells of marihuana; smell is unbearable	AB
M.M./2013-06-18	Neighbour growing MM in shed; smell of marihuana is filling correspondent's house, bedroom, kitchen, family room, bathroom and children's bedrooms (ages 1 and 3), as well as their clothing; other families affected by odor; law enforcement cannot help; also concerned about health effects on children and wife	AB
M.M./2013-07-24	Correspondent impacted by odours coming from a MM grow op for the last two years; complaints to the owners have not eliminated the problem;	BC
M.M./2013-10-21	Overwhelming smell of green marijuana coming from a MM prod site	BC
M.R/2012-01-24	Two tenants living above correspondent's (and licence holders') apartment complained about the scent of marihuana in hallway	ON

M.S./2013-02-23	Legal grow site is emitting strong noxious cannabis smells; smell is so strong that it makes the correspondent and his pregnant wife ill any time they are outside the house or have an open door or window; putting health and safety at risk; smell is unbearable; smell is so powerful that it will undoubtedly attract attention of the criminal element looking to invade the home of the site; the smell could contribute to correspondent's house being mistaken for grow op	BC
M.S./2012-09-14	New business in neighbourhood smells like skunk; owner has vents from the inside which are directed to the sidewalks around the building - inquiring about whether they can be redirected to a chimney on top of a building; inquiry about whether the smell itself is dangerous to health	N/A
B.O./2009-11-15	Fresh air in neighbourhood is jeopardized by horrible smell of legal and illegal marijuana grow ops; odour is terrible and has been around for many years; smells like skunk and burned coffee, and is very pungent and penetrates dwellings via kitchen and bathroom vents; when window is ajar, stench fills the entire house within seconds and requires several hours to get rid of; occurs late at night as well; no one knows whether the odours are coming from legal or illegal sites; people should not be subjected to the fumes; concern about children inhaling smoke	BC
R.B./2009-12-16	Smell coming from a licenced grower in the middle of a neighbourhood is unbearable for neighbours; neighbours have approached grower about the smell; daycare present next door	BC
J.D./2011-06-08	Concerned about marijuana smoke coming from windows of a neighbour's apartment block; had to keep windows closed during summer in hot weather because the smoke was unbearable; ex user of marijuana and the smoke is putting him in danger of relapse (no specific reference to smell/odour)	QC
D.A./2011-11-04	Family is in third year of having to endure the foul emissions from a MM grow op located near home; feels that with the noxious fumes, he is gambling with family's safety and will be forced to move	BC
D.P./2011-02-01	Correspondent inquiring about what is acceptable in terms of air quality following a marijuana grow op (no specific reference to odours/smells)	ON
L.L./2011-04-01	Constituent complains about a neighbour who is licenced to grow MM, but is doing so in a garage and smell seeps out through ground level vents and into her backyard; interested in adjusting neighbour's exhaust pipes so that they are higher up	AB
L.G./2011-04-21	Fire chief writing in to complain about prod site air quality (no specific mention of smells/odours)	BC
I.L./2011-10-21	Legal grow op next to a secondary school emits a marijuana smell	BC
M.I./2012-02-24	Legal grow op causing odour of vegetative marijuana to become overpowering in the vicinity of residence; correspondent investigated the source of odour; odour is pungent and entering other residences	BC
G. & M.G./2012-03-12	Legal grow op causing concern due to the stench of marijuana; concern about inhalation/ventilation;	BC



B.D./2012-06-27	Odour coming from a licenced producer is strong on the street - makes 'your stomach sick'	BC
N.C./2012-07-09	Smell from nearby prod site has been unbearable; suffering headaches and are nauseated most of the time due to smell	ON
P.S./2012-07-26	Overpowering noxious smell is emitted from a neighbouring grow op; smell affecting individuals with sensory challenges; residents who are not MM users are being seriously affected by overly obnoxious smells; smells particularly strong Fridays to Sundays and most evenings, making use of property difficult	ON
C.T./2012-08-01	Smell of neighbouring grow op is skunky is enough to trigger husband's asthma attacks; neighbourhood polluted with nauseating smells of 'skunk grass' on a daily basis; should not have to suffer the stench	ON
S.R./2012-08-27	Correspondent reacts badly when even a whiff of marihuana smoke is in the air - cannot stand the smell, particularly in public parks and condo building	AB
S.V./2012-10-24	Smell from a grow-op greenhouse can be detected from the street; near a school	ON
E.H./2012-10-25	Marihuana smoke filled correspondent's property; pollutants are violent; right to breathe clean air ought to be the first of human rights; demands that inhalation of marihuana be done with air quality controlled setting;	ON
G.D./2012-11-05	Grow op situated right next to correspondent's house and the smell is nauseating; other neighbour experiencing same problem; affecting breathing	BC
H.C./2012-07-19	A letter from the citizens of a community - distinctive smell has been lingering in the area from a legal grow op; smell is coming from vents in the house; smell is the result of the process of growing and drying the pot for future sales; embarassing to have visitors over in the summer for a BBQ when the foul smell is present; children becoming ill due to smell that lingers in the air and elders are forced to close their windows in their house and with the very high heat, this means the house will be very uncomfortable to live in without proper ventilation - may cause death due to exhaustion	ON
T.A./2013-01-11	Mayor would like to point out associated odour and safety concerns affecting legitimate neighbouring commercial enterprises, with regard to grow ops; new regs must include good production practices including nuisance factors such as odours	BC
L.W./2013-01-28	Can smell marihuana from neighbouring grow op; has been telling her young children that they are not to play on the street due to unpleasant smell; children should have the right to play in environment free from noxious odours; proper ventilation should be installed	BC
J.F./2013-02-14	Concern about odours emitted from nearby grow op;	BC

B.C./2013-02-21	Two prod sites near correspondent emit a foul pungent smell that makes it unbearable to breathe outdoors; same odour enters the residence of correspondent through the fresh air intake vent on heat pump; the expense of minimizing the polluted air is too high; concern about air pollution's effect on children and people with breathing problems	BC
D.D./2013-02-27	Constant smell emitting from a grow op, anticipated to get worse as the spring and summer set in; near an elementary school	BC
K.B./2013-03-25	Air smells like 'skunk' all the time due to neighbouring grow op; children exposed to it	ON
W.M./2013-04-04	Landlords' concern about fumes from MM causing adverse effects on other tenants' health;	BC
C.P./2013-04-18	Doesn't think it's right for neighbours to have to smell grow op odours at all time of day and night; doesn't believe it's healthy for families to be in the presence of smells	BC
J.L./2013-05-27	Subjected to noxious fumes from neighbouring grow op on a daily basis;	BC
J.T./2013-06-26	Smell from neighbouring grow op has worsened over the years and has become overwhelming; concern about its effect on family's health; law enforcement cannot help regarding the issue	ON
T.L./2013-07-18	Landlord receiving complaints from tenants regarding a grow op in building; ventilation helped reduce the smell somewhat	ON
H.B./2013-07-30	Basement fills with smell when the crop ripens in neighbour's prod site; cannot enjoy front yard due to smell; children can smell marijuana;	AB
G.P./2013-07-31	Has to put up with smells coming from grow op, falling property values;	BC
S.R./2013-08-16	Correspondent's own home smells around harvest time due to neighbouring grow op; wife gets migraine headaches; child has 2 autoimmune diseases that are affected by smell;	BC
K.B./2013-08-22	Vent on the roof of a neighbouring grow op emitting odours; correspondent has an asthmatic son	ON
K.S./2013-09-11	Family being subjected to fumes from neighbouring grow op on a daily basis; forced to breathe it in; foster children reside on premises;	AB
G.L./2013-09-26	Correspondent believes he/she should know whether a home was occupied by tenants smoking 'foul-smellin' marijuana prior to purchasing it; living next to marijuana smokers devalues homes	BC
V.M./2013-10-01	Complaint about neighbour's consumption and resulting fumes reaching into hallways where children pass; odour entering neighbouring apartments	ON
N.R./2013-12-06	Over the past month, odour emanating from grow op on a daily basis is intolerable; house located 3/4 of a km away from site and the smell at front door is highly offensive; smells as if someone is smoking cannabis right on his doorstep; odour is a daily irritation; school nearby and the school children are exposed to the odour; odour different than other agricultural smells - skunky smell; grow op has the ability to reduce the smell; fear of potential adverse effects of noxious smells; concern about adverse effect on property value	BC

N.C./2012-10-17	Smell from neighbouring grow op is unbearable and affecting health and well-being of all attached neighbours; the resulting stress adversely affecting correspondent's Crohn's disease; cannot sleep due to odours; property devalued	ON
M.M./2013-07-15	Complaints from neighbours regarding the odour negatively affecting people's health; demanding something be done about it	BC
O.F./2012-12-31	Neighbour's prod site emits smells; concern about family's health; son suffers from asthma, worsened by smell	ON
O.F./2013-01-16	Neighbour's prod site emits smell which overpowers the deodorizers that the correspondent has installed; concern about family/child; previous owners had problems with smell; son suffers from asthma, smell worsens it; difficult to get rid of the smell; no one willing to help;	ON
P.R./2011-10-26	Property manager complaining about one of the owners smoking MM and the accompanying odours; fumes/smells drift into the common areas, hallways and entrances; have installed a filtration system and a doorsweep under his door	N/A
P.D./2013-02-06	Concerns about neighbouring grow op odour - causing nausea, vomiting; particularly bad in winter months when windows cannot be opened	QC
P.E./2012-06-19	Odour emanating from neighbouring grow op is getting progressively worse; smell is filling the correspondent's own house - cannot open kitchen door; smell ruining the appeal of neighbourhood	BC
P.H./2012-01-24	Would like more info pertaining to odours emanating from prod sites and related impacts on health; who is the authority	BC
P.M./2013-07-10	Smell and smoke coming in from neighbouring apartment grow-op, correspondent becoming ill; problems breathing; gasping for air; has to use oxygen; also experiencing disorientation, lack of sleep, wakened bladder control, lack of clear thinking and exhaustion; uses duct tape to tape front door to slow the entry of smell and smoke; clothes and furniture smells of marijuana	ON
P.S./2013-02-14	Odour of neighbouring prod site detected in residence; odour is obvious to anyone travelling along the road - might mistake the correspondent's family home for a grow op; odour occurs daily;	BC
P.S./2013-07-09	Report on MMAR regulations; outlines concerns about overall air quality and odour-controlling measures	ON
P.S./2013-09-13	General concern about odour; concern about risks involved with odour	BC
R.B./2013-04-07	Concern about second hand smoke and where further regulation/info could be located	N/A
R.K./2013-06-04	Doesn't think it's right that other neighbours should be subjected to daily, sick and pungent odour.	BC
R.L./2013-11-25	Stench is unacceptable, affecting surrounding neighbours; there are 18 children within a 2 block radius of the site and the correspondent's child can now recognize the smell	BC
S.C./2012-11-02	Smell from a grow-op greenhouse is unbearable; this has decreased property value for correspondent	ON
S.H./2013-11-29	Strong smell causing health concerns for the neighbouring family; requesting inspection	NS

S.L./2013-02-08	Local health and safety rep from Fisheries and Oceans is requesting formal investigation to correct air quality concerns resulting from HC licenced grow op; smell becoming concentrated/difficult to inhale; odours drift into warehouse spaces and are transmitted throughout office space by roof mounted air conditioning units.	BC
S.S./2013-03-19	Restaurant on the main floor of a residential building - complaints about MM smells emanating from apartment above; the smell is jeopardizing busines since customers are remarking about the smell and sometimes leaving the restaurant, adding that they won't return	ON
S.S./2012-09-30	Smell in backyard and driveway from a neighbouring grow-op 'disgusts' correspondent; municipal government cannot do anything aout it; health is being endangered; disturbing sleep/air quality	BC
S.S./2013-06-28	Obnoxious smell from a neighbouring grow-op; fumes are unbearable to the point where windows cannot be opened; would like to know what the laws are regarding smoke	BC
S.V/2012-10-25	Can smell marihuana coming from a greenhouse on the street, vicinity of school	ON
S.W/2013-07-31	Can smell marihuana in condo coming from a neighbouring residence; tenant was asked to limit consuming marihuana but there was no change; concern about effects of second hand smoke on children; can smell it everyday; concern about harmful effects on family; wondering about air purifiers to prevent smell	BC
T.D/2013-08-16	Complaint regarding neighbouring grow-op - the air in the vicinity of the site smells of marihuana and is causing a nuisance which may result in the filing of a legal action	N/A
T.D/2013-02-26	Horrendous' smell of pot in home from the attached neighbour's grow-op; lack of proper ventilation; suffering asthma attacks; child's social life affected by smell; visitors to the house smell of pot; odour considered threat to human rights; odour perceptile outdoors, makes them a target.	NS
T.D/2013-03-07	Horrendous' marijuana smells encountered inside home, from a grow-op attached to home; smell is triggering health issues that cause vomitting nightly, and body tremors; family's health and welfare are at stake	NS
T.R/2013-02-28	Concern about the smell from the vapourizer causing the user to be kicked out of his camp (prefers to use tincture under the tounge).	AB
W.C/2013-07-31	Outlining the security measures taken: production will occur in a locked room indoors to remove odour both in production and storage site; storage will be in bedroom closet in a locked odorless box	ON
W.C./2013-01-21	Correspondent resides in a communal building - Odour is penetrating the common walls; odour is damaging asset/value of the property owners; odour is jeopardizing the property insurance	BC

No. T-2030-13

FEDERAL COURT

This is sworn to by the affiant of Danielle Lukin sworn before me at Abbotsford BC this 20th day of Sept 2014

BETWEEN:

NEIL ALLARD  
TANYA BEAMISH  
DAVID HEBERT  
SHAWN DAVEY

A Commissioner for Taking Affidavits for British Columbia

PLAINTIFFS

AND:

HER MAJESTY THE QUEEN  
IN RIGHT OF CANADA

DEFENDANT

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AFFIDAVIT OF JEANNINE RITCHOT

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I, Jeannine Ritchot, of the City of Ottawa, in the Province of Ontario, MAKE OATH AND SAY:

1. I am an employee of the Public Health Agency of Canada, currently working as the Senior Director of the Surveillance and Analysis Division in the Centre for Chronic Disease Prevention. At the time relevant to this affidavit, however, I was working as the Director, Medical Marihuana Regulatory Reform (2011-2013) and as Director, Bureau of Medical Cannabis (2010-2011), Office of Controlled Substances, Controlled Substances and Tobacco Directorate (CSTD), Health Canada. The CSTD is part of the Healthy Environments and Consumer Safety (HECS) Branch of Health Canada. Prior to this

position, I was Executive Advisor to the Deputy Secretary to Cabinet (Operations) at the Privy Council Office.

2. As Director of the Bureau of Medical Cannabis, my responsibilities included oversight activities related to the administration of the *Marihuana Medical Access Regulations* (MMAR). This included oversight of employees, resources and operational activities related to operations carried out pursuant to the MMAR.
3. As Director of Medical Marihuana Regulatory Reform, my responsibilities included policy development related to the reform of the MMAR and development of the *Marihuana for Medical Purposes Regulations* (MMPR). As such I am able to speak to the relevant facts set out herein. Where any of the following information is based on information and belief, I state the source of the information and that I believe the information to be true.

#### **DRUGS IN CANADA: THE LEGISLATIVE AND REGULATORY FRAMEWORK**

4. In Canada, medicines are regulated through the *Food and Drugs Act* (FDA) and the *Controlled Drugs and Substances Act* (CDSA). The FDA and its regulations provide a framework to regulate the safety, efficacy, and quality of drugs. The *Food and Drug Regulations* (FDR) set out a framework for the authorization of drugs for sale in Canada. Drug manufacturers submit evidence on the efficacy, dosage, route of administration, contraindications, side effects, and quality of a drug. Health Canada drug reviewers must conclude that the overall benefits of the drug outweighs its risks, before the product is authorized for sale in Canada.
5. The overall objective of the FDA is to protect the health and safety of Canadians by regulating drugs, medical devices, foods and cosmetics through a series of prohibitions and requirements, including establishing standards for manufacturing, labelling, licensing and advertising. Current regulations ensure that drugs will not be approved for sale in Canada if they are found to cause more harm than good or if their risk benefit ratio is not adequately known. The FDA establishes rigorous processes to ensure that drugs made available for

therapeutic use meet appropriate safety, efficacy and quality standards. The FDA contains offences and penalties for contraventions of any provisions of the FDA or FDR.

6. The overall objectives of the CDSA are the maintenance and promotion of public health and public safety. The CDSA provides the legislative framework for the control of substances that can alter mental processes and that, though they may have therapeutic benefits, also may produce harm to health and to society when diverted or misused. These controls include regulation of the prescription of, the production of, the storage of and records and reporting in relation to, controlled substances.
7. The CDSA imposes strict controls on access to substances that are liable to misuse and or diversion by prohibiting possession, production, and distribution of controlled substances, except as authorized by regulations. The CDSA also contains offences and penalties for possession, trafficking and production of scheduled drugs.
8. The CDSA is the means by which Canada fulfills its international obligations under the three UN international drug control conventions: the Single Convention on Narcotic Drugs, 1961 (as amended by the 1972 Protocol); the Convention on Psychotropic Substances, 1971; and, the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (the "Conventions").
9. The FDA and the CDSA and their respective regulations are important pillars of the legislative and regulatory framework that serves to protect the health and safety of Canadians by preventing misuses of drugs, both recreationally and therapeutically. Their objectives are interrelated and consistent. Together they are intended to support both the maintenance and promotion of public health and the safety of Canadians.
10. Both the CDSA and the FDA and the relevant regulations apply to marihuana. Marihuana is considered a drug under the FDA and a controlled substance under the CDSA. Health Canada is the federal government department with lead responsibility for the FDA and the CDSA as well as their respective regulations.

11. Drugs containing cannabis, other than dried marihuana, have been authorized for sale under the FDR and are available by prescription in Canada. These include:
  - i) Sativex®, a buccal spray containing extracts of cannabis with standardized concentrations of delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). It is authorized to treat certain symptoms associated with multiple sclerosis. It is also conditionally authorized for pain relief in adults with advanced cancer; and,
  - ii) Cesamet®, a capsule containing nabilone, a synthetic cannabinoid. It is authorized for the management of nausea and vomiting associated with cancer therapy.
12. To sell these products in Canada, their manufacturers were required to meet the rigorous FDA and FDR requirements. Accordingly, these products are of consistent content and chemical composition, they have been manufactured using good manufacturing processes, and there is adverse event reporting and recall capacity should these drugs have unexpected negative impacts. There are also prohibitions on the labelling, packaging or selling of drugs or food in a manner that is false, misleading, deceptive or likely to create an erroneous impression regarding its character, value, merit or safety.
13. Science-based drug regulatory processes are safeguards. Current regulations ensure that drugs will not be released if the product cannot demonstrate three fundamental characteristics. First, they must have a benefit as demonstrated in clinical studies in diseased patients. Second, the drug's safety issues also demonstrated through the clinical studies can be mitigated through labelling and appropriate access for patients through a prescription if needed. Third, the drugs are manufactured under a Good Manufacturing Practices to ensure a consistent product is sold year to year. The regulatory processes also allow regulators to remove drugs from the market should new information on unacceptable safety concerns be identified. In these ways, regulatory oversight increases the probability that drugs on the market will be safe, efficacious and of the highest quality when used as recommended.



14. There has been no application to Health Canada to approve dried marihuana as a drug for sale under the FDA. Dried marihuana has never been approved as a therapeutic drug in Canada. Marihuana (Marijuana) is the common name for *Cannabis sativa* (i.e. cannabis). Information about Cannabis is available in the publication "Information for Health Care Professionals" attached as Exhibit "A" (see page 8), and is also available online at [http://www.hc-sc.gc.ca/dhp-mps/alt\\_formats/pdf/marihuana/med/infoprof-eng.pdf](http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/marihuana/med/infoprof-eng.pdf)
15. One of the aims of MMPR is to treat medical marijuana like any other drug, to the extent possible. HC plays a role in licensing manufacturers of drugs to reduce the risk of consumers receiving a drug which is poorly manufactured or adulterated. The MMPR intend to provide the same type of system to producers of marijuana, in order to protect consumers from adulterated or unsafe products.

#### **DEVELOPMENT OF THE MARIHUANA FOR MEDICAL PURPOSES REGIME**

16. Under Health Canada's Marihuana Medical Access Program (MMAP), Canadians have been able to access dried marihuana for medical purposes since 1999, at which time individuals could be authorized to possess dried marihuana or to produce a limited number of marihuana plants for medical purposes via s.56 of the CDSA. Section 56 allows the Minister to exempt any person or class of persons from the application of the CDSA or its regulations if necessary for a medical or scientific purpose or if it is otherwise in the public interest.
17. The Ontario Court of Appeal's July 31, 2000 decision in *R. v. Parker* changed that approach. In response to that decision, the Government promulgated the MMAR in 2001. The MMAR were created to provide access to dried marihuana for medical purposes in a more regulated environment, rather than via a discretionary decision to exempt an individual or class of persons from the application of the CDSA under s. 56.

- 18. When they were promulgated, the MMAR offered two supply options: an authorized individual could produce dried marihuana for personal use or an authorized individual could designate another person to produce it for them.
- 19. Over the years, the Regulations have been amended on numerous occasions. The complete regulatory history of the MMAR is appended to this my affidavit at **Exhibit "B"**, with the explanatory Regulatory Impact Assessment Statements that accompanied each set of amended regulations.

**EXPANSION OF THE MARIHUANA MEDICAL ACCESS PROGRAM UNDER THE MMAR**

- 20. From their inception in 2001, the MMAR attempted to achieve three goals:
  - a) to strike a balance between providing legal access to dried marihuana for medical purposes, while controlling access to a controlled substance and unapproved drug with limited available benefit and risk information;
  - b) to respect existing federal legislation, including the FDA and CDSA, as well as Canada's international obligations under the United Nations Drug Conventions; and,
  - c) to protect the individual and public health, safety, and security of all Canadians.
- 21. As is explained in more detail in the next section of my affidavit, these goals have been seriously compromised by the rapid expansion of the number of individuals authorized to possess and produce medical marihuana. What was originally intended to provide legal access to dried marihuana for a relatively small number of seriously ill Canadians has grown exponentially since the 2001 promulgation of the MMAR, leading to unintended consequences with respect to the administration of the MMAR, as well as to the public health, safety and security of Canadians.

22. In 2002, 477 individuals were authorized to possess marihuana for medical purposes. As of April 16, 2013, this had grown to 29,888 individuals and I am advised by Angela Rea, Senior Policy Analyst at Health Canada, and believe that by January 8, 2014 this number had increased to 37,884. At this rate of growth, it was estimated that by the end of 2014, over 50,000 individuals will be authorized to possess marihuana for medical purposes.
23. Of the 37,884 Program participants on January 8, 2014, I am advised by Angela Rea and believe that approximately 22% indicate they will access Health Canada's supply of dried marihuana, 66% produce their own marihuana for medical purposes under a personal use production license, and 12% designate another person to produce their marihuana for medical purposes. Many of the authorized users who indicate in their applications to Health Canada that they will buy from Health Canada, ultimately do not. Health Canada does not have access to information regarding where these authorized individuals obtain their supply of marihuana for medical purposes.
24. The charts below illustrate the escalation in participation under the Marihuana Medical Access Regulations over the years.

**Chart 1: Number of Authorizations to Possess (ATP's) Issued Under the MMAR**

<b>Year</b>	<b>Number of ATP issued for new and renewal applications under the MMAR</b>
2001	88
2002	453
2003	621
2004	740
2005	1,234
2005	1,674
2007	2,405
2008	3,311
2009	4,876
2010	7,858

2011	12,829
2012	27,788
2013 up to December 11	36,797

**Note** these numbers do not include ATPs issued to accommodate amendments such as changes to address, dosage etc.

25. I am informed by Angela Rea, Senior Policy Analyst, Health Canada, and believe that on January 30, 2014, she conducted a thorough and diligent search of the data held by the Marihuana Medical Access Program, which yielded the following information about production licenses issued under the MMAR.

**Chart 2: Number of Valid Personal and Designated Person Production Licenses as of December of Each Year Under the MMAR**

Year	# Production Licenses Nationally
2001	85
2002	324
2003	483
2004	539
2005	930
2006	1218
2007	1735
2008	2472
2009	3603
2010	5749
2011	9737
2012	22,832
2013	29,719

**Chart 3: Estimated Total Number of Plants Authorized For Production (Based on Authorized Daily Amounts) Under the MMAR**

2012	291,571 daily grams	This daily amount translates into 1,418,980 plants authorized for indoor production
2013	675,855 daily grams	This daily amount translates into 3,289,162 plants authorized for indoor production

26. I am also advised by Angela Rea, and believe, that her diligent search of data related to the administration of the MMAR indicated that on December 3, 2013, the average number of plants licensed for indoor growth was 101, while the average number of plants licensed for outdoor growth was 11.

**Chart 4: Total Number of Plants Authorized For Indoor/Outdoor Production as of December 3, 2013 Under the MMAR**

	Indoor Production	Outdoor Production
Newfoundland	2,185	55
Nova Scotia	38,663	2,127
New Brunswick	16,535	1,246
PEI	662	79
Quebec	77,723	1,103
Ontario	510,582	15,660
Manitoba	81,594	465
Saskatchewan	19,938	311
Alberta	150,679	767
British Columbia	2,073,285	17,458
Yukon	769	19
NT/NU	159	3

27. I am advised by Angela Rea, and believe, that the average daily amount (i.e. "dosage") has increased to a level of almost 17.7 g per day, as of December 12, 2013. A person authorized to use 18 grams of dried marihuana per day would, under a personal production license and the formula set out in the MMAR, be licensed to grow 88 plants.
28. According to "Information for Health Care Professionals" at page 24 "Various surveys published in peer reviewed literature have suggested that the majority of people using smoked or orally ingested cannabis for medical reasons reported using between 10-20 g of cannabis per week or approximately 1-3 g of cannabis per day". As noted above, the document "Information for Health Care Professionals" is attached at **Exhibit "A"**.
29. Individuals who purchase their dried marihuana from Health Canada have on average purchased between 1-3 grams per day, which is in line with daily dosages set out in the most current scientific literature referenced "Information for Health Care Professionals" ( as noted above, at Exhibit "A").
30. The RCMP Analysis of National Cases produced for the Canadian Association of Chiefs of Police states at p. 14 that "on average, 1 gram of marihuana produces 3-5 joints". A daily average of almost 18 grams translates into 54-90 joints or marihuana cigarettes each and every day. The RCMP Analysis is attached at **Exhibit "C"**.
31. Program participants who either produce their own dried marihuana or have designated producers produce for them generally have the highest daily amounts. Approximately 70% of those licensed under the MMAR to produce marihuana for medical purposes, are authorized to cultivate 25 plants or more.
32. Court decisions have resulted in the MMAR being amended to allow authorization of up to four production licenses to operate in the same location. Using the example above, of average numbers this could result in an average of 352 plants being grown in a single dwelling.

### UNANTICIPATED CONSEQUENCES OF THE MMAR

33. The rapid expansion of uptake under the MMAR has had significant unintended consequences. Exponential growth in the number of persons seeking to possess and to produce marihuana for medical purposes, the increase in amounts produced and possessed, and the increase in number of people who could grow in one location, when combined with the fact that the production of marihuana was taking place in private dwellings, has resulted in difficulties and risks not only for the administration of the MMAR, but more importantly, for the health, safety and security of individuals licensed to produce marihuana for medical purposes and for the public in general.
34. The significant increase in the number of licenses issued, combined with the co-location of up to four licenses to grow marihuana on one site and the authority to possess and to produce increasingly high amounts of marihuana for medical purposes, has resulted in large quantities of marihuana being produced in private dwellings, that are not constructed for large-scale horticultural production, and are often in locations unknown by local authorities.
35. The MMAR were never intended to permit such widespread, large-scale marihuana production and, as a result they do not adequately address the public health, safety and security concerns that accompany such production.
36. In addition, rapid expansion under the MMAR has given rise to serious practical difficulties with respect to imposing stringent quality and safety standards on production by personal producers of marihuana for medical purposes.
37. The rapid expansion has also meant that Health Canada does not have the resources necessary to conduct compliance and enforcement activities in respect of personal production in residential homes. Additionally, in the absence of a warrant, and without the

homeowner's consent, Health Canada may not enter a residence to ascertain compliance with the terms of the personal production licenses issued for that location.

38. Program participants have expressed a general dislike for the application process, and also for the fact that only a single strain of marihuana was available for purchase from Health Canada.
39. Under the MMAR, Health Canada has also experienced increases in the cost of producing and distributing dried marihuana. The existing supply contract has a value of \$16.8 million (excluding GST) for a three-year period, ending on March 31, 2013. An additional option year was built into the contract and has been exercised. It is estimated that this additional year will cost Health Canada \$9.7 million. These high contract costs exist despite that only a minority of Program participants under the MMAR choose to obtain their supply from Health Canada.
40. Finally, as the number of personal production licenses and designated grower licenses expanded under the MMAR, Health Canada became increasingly aware of the significant health and safety risks associated with residential growing operations. As I outline in the next two sections of my affidavit, Health Canada has received extensive unsolicited and solicited feedback on the MMAR. This feedback has resulted in the identification of numerous unanticipated problems with the MMAR's personal production regime, including, but not limited to:
  - a) violence, including home invasion, theft and homicide;
  - b) the presence of firearms;
  - c) diversion to the illicit market;
  - d) producing over the limit authorized by Health Canada;
  - e) mould associated with the presence of excess moisture in the homes;
  - f) fire and electrical hazards;
  - g) the presence of toxic chemicals, like pesticides and fertilizers;
  - h) the emission of noxious odours and; and



i) various risks to children living in or near the residential growing operations.

41. As outlined in the next section of my affidavit these problems have effects not only on individual producers, but also on others living at the same address, in adjacent residential units, and/or in the surrounding community, whose residents may be unaware of the existence of these risks.

### **ONGOING PUBLIC CONCERNS RELATED TO PERSONAL PRODUCTION UNDER THE MMAR**

42. Over the years, a variety of stakeholders have expressed to Health Canada concerns about the Marihuana Medical Access Program as it operates under the MMAR. While it is not possible to reproduce salient comments from all of the thousands of pieces of correspondence that have been received over the years, I have attempted to capture the primary concerns expressed to Health Canada by municipalities and first responders, homeowners, and program participants. Each of the excerpts are representative of the concerns expressed by these stakeholders and have been chosen because they encapsulate the issues raised by these stakeholders. All correspondence from which excerpts have been cited is appended collectively at Exhibit "D" with personal information redacted for *Privacy Act* purposes.

#### ***Municipalities & First Responders***

43. Municipalities have raised serious public health and safety concerns regarding production of marihuana in private dwellings. Under the MMAR, applicants are not required to disclose their intent to produce to local authorities. Most often, these production sites are in private dwellings that are not constructed for large-scale horticultural production.
44. One municipality in BC stated to Health Canada that: "research has shown that the incidence of fire in a "Grow Op" is 24 times more likely than a normal home.... From a

public safety perspective, the potential risks in a licenced "Grow Op" are similar to that of an unlicenced one."

45. An Ontario municipal fire authority wrote Health Canada to express public safety concerns "that have been identified with the approval and issuance of licences to produce marihuana through the Marihuana Medical Access Division of Health Canada." The fire authority commented that when called upon to inspect one home occupied by a family with two young children, they found: "A number of violations of the Ontario Fire Code, Electrical Safety Code and Ontario Building Code...The inspection also revealed evidence of the incipient stages of a fire with the discolouration and charring of the floor where the ballasts used in the production of the marihuana plants were placed. The combination of Fire Code violations and the manner in which the grow operation was constructed resulted in a situation where the health and safety of the family as well as emergency responders, were placed at unnecessary risk of injury or even death".
46. Another letter from an administrative officer in a BC district requested "help with what is becoming a growing issue in one of my neighbourhoods. The residence in question is at --- -- and is rented by Mr. ----- who contends he has a legal permit to grow marihuana. This home is right in the middle of a young neighbourhood and the smell is unbearable for two of the neighbours. One of the neighbours operates a licenced day care facility...we are unsure of the [grow op's] electrical status under the code... The neighbours have approached Mr. ----- in regard to the smell and the number of cars going in and out at all hours but he is pretty defiant and always says he has a permit. Anything you could do to help the District alleviate this problem would be helpful".
47. A larger BC community wrote stating "While the City of ----- understands the intention behind the adoption of the MMAR, this legislation has regrettably resulted in some adverse consequences for municipalities in Canada. More specifically, we believe that our community is now at greater risk of fires from medical marihuana production sites. Further it is clear that both illegal and legal marihuana production facilities have the potential to attract crime, including violent crime...We certainly support the Federal Government's

plan to revise the program to limit the potential for abuse and to mitigate the negative ancillary consequences associated with same.”

48. And this letter from another BC District not only indicates that “the demands for electricity from exceedingly large marihuana grow operations, some licenced and some not, have caused power outages that have left these legitimate businesses without the ability to function and meet their customers’ orders.”, but goes on to comment that “The extensive lack of regard and abuse of the [Marihuana Medical Access] Regulations makes a mockery of the federal government’s process but more importantly presents a safety risk to neighbouring residents and businesses as well as emergency response officials and is causing untold frustration and harm to our communities.”
49. Municipalities writing to Health Canada express frustration around the information sharing constraints that apply to licensed marihuana production locations. One letter stated “... having law enforcement fully apprised of the location of the medical marihuana production facilities would assist in crime prevention and promote community safety, including the safety of those individuals who have been granted licences under the MMAR”. The MMAR provide for certain information sharing with police in the course of an active investigation.
50. Law enforcement has also raised concerns that residential production activities leave the Program vulnerable to abuse, including criminal involvement and diversion to the illicit market, particularly given the attractive street value of marihuana (\$10–\$15/gram for dried marihuana) and that production in homes may leave residents and their neighbours vulnerable to violent home invasion by criminals who become aware that valuable marihuana plants are being produced and stored in the home (see RIAS at Exhibit “G”).
51. One Ontario police service wrote: “We have found that some of the permit holders have drug trafficking convictions on their records or some of the growing activity has been outsourced to people who have been involved previously in illegal drug activities. Although permit holders are supposed to protect the security of their plants, some plants

can and do disappear to trafficking activities and the theft cannot be proven or disproven. Some of the quantities legal growers are allowed to possess in storage strikes us as particularly large numbers... [which] allows for many ways of drug trafficking under the veil of a legal operation... Although the regulations cause us concern the issue for the ----- Police Services Board is that Law enforcement cannot determine on a pro forma basis whether a "grow operation" is legal or not and we would like a list of "legal" producers and "legal users" in our county from your Ministry on an ongoing basis. We have reasonable grounds to believe that some legal producers are growing for illicit drug trade."

52. Firefighters have raised similar concerns around the inability to identify locations of licensed marihuana grow locations, which negatively impacts "...safety for the fire fighters and fire prevention and being aware of a potentially dangerous or health hazardous situation."
53. Another Ontario fire service wrote that, "recently a fire occurred in a building that had obtained a licence pursuant to section 29 of the Marihuana Medical Access Regulations in the City of -----. The location that was damaged by fire had been licenced by your office and signed by Stéphane Lessard." The ---- Fire and Emergency Services Department was not aware of the legal grow op. We have significant concerns with not knowing the locations and risks that emergency responders and other occupants have form (sic) the growing and cultivation of the product."

### *Homeowners*

54. Homeowners comprise another group of stakeholders who have expressed health, safety, and security concerns relating to the production of marihuana by individuals in homes and communities. A review of correspondence received by Health Canada from concerned stakeholders between 2011 and 2013 reveals that in general, community members are concerned about negative impacts related to the presence of licensed personal production of marihuana in their neighbourhoods and communities.

55. Excerpts from samples of this correspondence, set out below, express frustration, fear and anger about health, safety, and security concerns related to production of marihuana for medical purposes by individuals in their neighborhoods and communities. Typically, these letters echo the following writer's comments: "May I stress that my concern is not with Health Canada's issuing of licences but with the blatant oversight that such issuing has on the well-being of Canadians living in my ---- residential community. Residents who are not medical marihuana users are being seriously affected, by overly obnoxious smells, extensive increase in traffic and the grievous eye sore the outdoor growing activities presents".
56. Persons living in Multi-Unit-Dwellings, such as condo owners and semi-detached houses, express concerns about strong and unpleasant odors seeping through common walls and windows. One Ontario Condominium Board Director wrote Health Canada to inform them about concerns raised in relation to an individual license to produce marihuana for medical purposes in their condominium building. The director advised that the board had received, "numerous complaints, some of which I have attached for your reference in regards to multiple problems which have been created and resulted in negative impact to the 209 other unit owners in this building, visitors, employees. As well, the ability of the Board of Directors to maintain Mr. [the license holder's] unit as well as the safety and enjoyment of this property for all owners has been compromised... There are far too many negative impacts to the building relating to the overall safety and health of all residents, visitors and employees of this building for the grow op to be permitted in this unit. Although we recognize the legal rights provided by health Canada for Mr. ----- to be a licenced user ... an alternative method of supplying the marihuana for use must be arranged... Due to the severity of the complaints we have received regarding the pungent odor of the grow op at this location; many residents and guests becoming ill as well as employees of the contracted Security company losing work and claiming WSIB due to diminished health from the effect of the grow op; it must be removed immediately. We ask that you revoke the licence for growing Marihuana in this location and supply Mr. ----- with his legal amount for personal use either through assigning him a licenced grower elsewhere or directly through Health Canada's supply system."

57. Another letter related to that same condominium indicates the condominium has had to involve law enforcement to deal with suspicion of trafficking and marihuana use in the public areas of the condominium; the letter states "there is clearly improper ventilation, poor air quality, moisture control, and low security related to his unit grow op. This building is adjacent to a school which facilitates kindergarten to grade 8. The smell is quite strong in our parking lot ... all age groups vising/residing in this building are assaulted with the smell of these plants... owners are questioning their health risk, full impact related to their property value and legal responsibility to declare what they know when they sell their unit. Real estate agents and prospective buyers have experienced the odour on entering the building and are questioning what is going on and in some cases refusing to list or bring buyers to this location."
58. The letter also includes attachments which refer to issues associated with the licensed grow in the condo unit such as "acts of vandalism to the building, different charges laid by police over the years, assaults on security guards, intimidation of Property Managers, and persons jumping over their balcony for access." The letter further notes that, "A very hostile relationship exists between the units... Their attitude is that it is their legal right and they do not care about the impact on all who work/reside/visit the building... An employee of the security company lost 3 months off work last summer 2011 due to health issues and claimed through WSIB as a result of working with the almost continuous smell from smoking and growing of Marihuana. The board has lost its capacity to maintain the property with regards to that unit; not only to ensure the safety and health of all unit owners, but also their investments and right to a comfortable home environment."
59. Another townhome owner complains about a licensed grow op in his townhome development saying: "We have been told by local police in ---- that they will do nothing about this situation... Not only have adjoining homes lost the value...they are subject to possible mold, fire hazards, chemicals and fertilizers and the unbearable odors. We can't even sell our homes to get away... since we have been told by a real estate lawyer that our houses are worth nothing".

60. Another homeowner states: "We live in a beautiful townhouse complex in ----- . Our neighbour attached to us is growing marihuana in his basement with a license. A couple of weeks ago the Fire Dept. and police came to check his house. At that time the police did take out a large garbage bag ----- we only assume it was plants. The smell from this growth has been more than unbearable for us and the neighbour on the other side. We are suffering headaches and nauseated most of the time. This neighbour assumed one of us called the police to report him. In response to this he verbally assaulted myself and 2 year old granddaughter (yelled and called us very bad names) and started coming over the fence at us - I ran into the house with my granddaughter and was terrified. My husband arrived home very soon afterwards and was physically assaulted by him - he was punched in the head 5 times and had to go to the doctor. He then went after the single woman next door and threatened her. The police arrived and he was taken to jail and now has a probation order to stay away from us... Marihuana should never be allowed to be grown in a townhouse complex where it interferes with adjoining neighbours. It consequently has brought our home value down - our home is our biggest investment and this does not really seem fair."
61. In another letter, a couple with a toddler living in a semi-detached home where the resident in the other half is licensed to grow marihuana for medical purposes stated: "we are so tired of walking into our home and having to smell this. We have a 16 month old son with asthma, and his been breathing this since we moved in 13 months ago. We have to air out out (sic) home every single day and have tried many things to get rid of the smell since we moved in here. Please we just want it gone and don't know who to turn too...WHY SHOULD WE HAVE TO RUN AWAY FROM OUR HOUSE AND THINK THAT (THAT IS THE ONLY ANSWER)." [as written]
62. A woman living in a duplex where the adjoining owner has a license to produce marihuana for medical purposes writes: "His electrical system in (sic) endangering our home with my paraplegic husband, ----- . Their electrical system is 60 amps and below code. The risk of fire is a huge concern and the risk to a paraplegic trying to escape a fire and being trapped. Their grow is right next door to our registered part wall and compromising it with molds. I

have asthma and my trigger is mold. My asthma has been dormant for 25 years and now it is back the same time as their grow op.”

63. Another homeowner’s letter begins: “We dearly love our little neighbourhood in ----- . But we have a big problem. We have been struggling to find a solution for this situation”. The writer indicates that when a new family bought into the neighbourhood, they “started an indoor marihuana grow op. This is no small operation. They are known cocaine and ecstasy dealers also. The RCMP busted them for a large quantity of marijuana and cash two years ago. They have never quit growing it because they got a doctor’s prescription for medical marijuana and started growing twice as much while they were waiting to go to court. Then they were busted again for too many medical marihuana plants in their grow op last year... We have this drug factory in a normally great neighbourhood with kids and families. One of these young families is considering moving because of the gangster activity associated with this drug house... they have young children living in the house.”
64. Another homeowner complained that, “our next door neighbour has a legal grow-op... This is a young couple with two children... now I have found out from our local police that they actually have a Health Canada certificate for ‘medical reasons’... This is ruining our quiet neighbourhood. We have all been here for over 20 years and have never had to deal with such things and the smell is just disgusting. We cannot even open our kitchen door without that smell filling our house.” Another homeowner complained that “the medical marihuana operation next door to me at ----- continues to keep me awake throughout the night and the smell from it disgusts me when I am in my driveway or backyard.”
65. One homeowner states that, “local real estate agents... have confirmed that the market value of my home could be impacted by the existence of the marihuana grow op next door, making it difficult to sell for full value”.
66. In another instance, a homeowner states that her neighbour “hides behind his [medical] licence to smoke marihuana and because of that licence, the local police as well as the RCMP cannot arrest him for his illegal activities... [despite that he] brags about his drug



exploits..." This writer states the medical marihuana grower about whom she is writing and from whose nuisance she seeks relief "has become an aggressive neighbour... we live in constant fear of what he might do to us and our properties. There have been several incidents of sabotage to people's homes and yards in the past two years and Mr. ---- admitted to my husband that he had hired teenagers to perform one of these deeds to our elderly neighbour's house. Some of the neighbours had to install surveillance cameras on their houses because they are afraid of what Mr. ---- and his 'friends' will do. We live in a very stressful environment."

67. This home owner goes on to say that the RCMP have indicated that this medical grower's house has become "the biggest grow op in the City of ---- "and their neighbourhood is now "polluted with the nauseating smell of skunk grass on a daily basis, not to mention the increase in traffic on our street and criminal in our area.... His illegal business has depreciated the value of every home and every honest citizen in this area. Some neighbours have tried to sell, but to no avail. Would you want to live next door to a marihuana grow op?... If you lived next door to him you would easily be able to answer that question after seeing the numerous people go quickly in and out of his dwelling during all hours of the day and night... Ever since ---- has moved into our neighbourhood, his presence has put an incredible strain on everyone. We want him to leave... We live in fear and we shouldn't have to."
68. Another homeowner complains about the smell from her neighbour's home, where medical marihuana is being grown, stating: "A few weeks ago I had been in the yard with my eight year old daughter decorating our house for Christmas but had to send her inside because of the smell. The odor had gotten to the point where it can be smelled more than a block away. I can smell it from my car as I approach my house... Frankly, it is so unpleasant living next to this operation that we have considered moving. However, this is completely impractical as I cannot reasonably expect to sell my home while it is so apparent that we are neighbouring a considerable (based on odor) grow op. Nor could I, in good conscience, attempt to conceal this from prospective buyers."

69. Still another notes, "We are homeowners in ----- and we have a 'legal medical grow op' in our neighbourhood." The writer cites the challenges they have experienced as a result and asks "Who is protecting us, the respectable, honest homeowners?"
70. Another homeowner, who has lived in his home for 31 years notes he has "enjoyed my life here until Health Canada decided to allow legal marihuana grow operations. I have a neighbour who has 2 such licences, one for her and one for her son. Since the operation started I can no longer enjoy so much as sitting on my stoop or opening my windows to get some fresh air as there is no longer any such thing, As you probably know, the stench from this plants is very rank and is filtering over to my property... not only do I have to put up with the stench, we are on bad terms now and I have to suffer her foul mouth... as she says, 'I have a licence!!'. "This grow op's within a school zone... I have a 4 year old grandson who loves to come over and ride his bike and I don't want him subjected to all this ...".
71. Another homeowner writes: "the individual who lives behind me was involved in harvesting of marihuana plans (sic) in his backyard. This process was being conducted by no less that 6 people. The smell was very strong and I was forced to keep my grandchildren in the house for most of the day... When I advised the local police, they did their investigation and I was advised that this individual had a licence to grow 99 marihuana plants."
72. And some homeowners complain of safety and security concerns, such as the writer who stated that: "The residents in our neighbourhood feel threatened by the medicinal grow op operating here. There has been extensive vandalism, attempted break – ins and we feel the threat of fire due to the size of the grow op is likely".
73. Another homeowner wrote to tell Health Canada that "My family and I are going on our third year of having to endure the safety issues and foul emissions from a medical marihuana grow op located 25 feet from our home...because we have raised concerns on these issues, Mr. ----- has become very abusive and we have tried to get the RCMP

involved... he has yelled at us, put up numerous expletive signs and yelled profanities at us, has damaged our property and told people that I am a child molester. There are numerous reports of Mr. ----- offering to trade drugs for goods and services, selling to teenagers... They are using the system under the guise of producing medicine. Some of their customers may be medicinal users but we and others in our neighbourhood see on a daily basis indications that Mr. ----- is selling his marihuana to anybody including high school students... I feel I am gambling with my family's safety and we must move. We would not be able to sell our home for anywhere near market value with this commercial grow op next door. I estimate it will cost us approximately \$100,000 to relocate our home and business. We have offered to purchase their property for well over market value, but they have refused. To go rent and leave our home empty will cause our insurance rates to nearly double. We are out of options. This is our home we have raised our teenage children in. None of us want to leave."

74. Another homeowner speaks of the disruption caused by the "number of fans, extractors, CO2 generators and possibly other equipment that is running 24 hours a day and producing vibration and resonance inside my house and whirring and whining noises outside." This person writes that he lives in "a very quiet area, and this constant noise has greatly (sic) detracted from my enjoyment of my property, while the droning and vibration inside my house can produce some very disturbing effects that include resonance in my head, sleeplessness and mental fuzziness." The writer indicates that the licensed grower neighbour "assured me this would be dealt with, but after almost a year the problem persists".
75. These unsolicited letters from homeowners are illustrative of concerns routinely raised to Health Canada about the unintended consequences of the marihuana medical access program. The concerns raised in these letters are consistent: reduced enjoyment of their own homes, both inside and out; negative impacts on the quality of life in their homes and neighborhoods; concerns about health and safety; and a general sense of frustration and powerlessness in the face of personal production of marihuana for medical purposes in their neighbourhoods.

### *Program Participants*

76. Program participants and their families have also written to Health Canada regarding the medical marihuana access program's impact on health and safety. One person wrote to Health Canada to express concern with respect to the grow operation in his home; "I am the father of 4 children aged 2-9 who lives with my estranged wife in our previous matrimonial home on Vancouver Island, BC; she has a licence to grow marijuana since last February at least. I feel my children are at risk due to this situation; dangers to children are well-documented." The writer indicates that his wife has "converted the basement of our 2 year old home, where she resided with our 4 children aged 2, 5, 7 & 9 to grow the marihuana plants, which I only accidentally discovered...Obviously, I was concerned about the growing of this controlled substance within the house where 4 young children reside, but also because I noted that the ventilation systems for the plants emptied into the basement space within the house and not to the outside atmosphere, which would obviously be depositing mold-laden moist air into the house living space and ductwork. Additionally, I found out that the electrical system was altered without a permit...My wife removed the marijuana plants within a few months of my discovering them. Dr -----, a local pediatrician assessed the 4 children and concluded they did have 'some respiratory inflammation'. The Bank of Montreal, who holds the house mortgage, tested the air quality and concluded that the house needed a thorough professional cleaning due to mold content, and that if we failed to do so, they would have no alternative but to involve legal counsel..."
77. Another woman writes that her husband, who is licensed to grow marihuana for medical purposes, "was and still is selling marihuana among his close friends... The destruction to the property has devalued it... He can't even smoke all that he is legally allowed to grow himself in one month. He sells the rest."
78. A couple licensed to grow marihuana for medical purposes wrote to Health Canada and stated that: "we are the owners of a designated production facility... and we are writing to

inform Health Canada of a theft of Medical Marihuana from... Plants and dried product were taken from our production facility... (approximately 35 pounds) out of the locked safe...he has now indicated he will not be returning the product... he has also indicated he has no intention of returning all of our paperwork... He has abandoned the rental house on the property... he has left no forwarding address..."

79. Another person licensed to produce his own marihuana for medical purposes advised Health Canada that: "My production and storage site... was forcibly broken into... This resulted in vandalism and theft".

#### THE NEW MARIHUANA FOR MEDICAL PURPOSES REGIME

80. The RIAS that accompanied the 2009 MMAR amendments weighed the option of establishing a new licensing regime at that time. This option was determined to be impractical then, however, given the policy development work and consultation that would have been required. This RIAS is attached at **Exhibit "B"**.
81. In 2011, the Government of Canada proposed changes to the regulatory framework based on concerns that had been expressed, and on June 17, 2011, the Government of Canada announced the proposed reform of the MMAR and the beginning of a public consultation period, during which stakeholder input and opinion was solicited. A copy of her announcement is attached to this my affidavit at **Exhibit "E"**.
82. One of the principles underlying this initiative was that even though it remained an unapproved drug, dried marihuana should be treated as much as possible like other drugs used for medical purposes.
83. A consultation document was posted on the Health Canada website, and stakeholders and the general public were invited to submit comments on or before July 31, 2011. In addition, between August and October, 2011 Health Canada held meetings with a broad array of stakeholders, including law enforcement, fire officials, parties potentially

interested in becoming licensed producers, physicians and their professional regulating bodies, and their associations/regulators, and municipalities, provinces and territories.

84. I attended at these consultations. Notes were taken and summarized. Summaries of consultations with representatives from firefighter organizations, law enforcement, provinces, medical associations, and municipalities are attached, along with the consultation document summarizing stakeholder input are appended to this my affidavit at **Exhibit "F"**.
85. During these consultations, law enforcement officials told Health Canada that: "elimination of personal and designated-person production in residential areas is seen to greatly increase safety in communities". The feedback summary from the law enforcement consultation indicates that: "Unanimously, participants agreed that personal production should not be continued". Reasons voiced in support of this view included the lack of ability to inspect, the vulnerability of production to organized crime, and numerous public safety concerns related to inadequate electrical systems, explosions or fires, smell and exhaust from production sites in residential areas.
86. During a consultation with the Canadian Association of Fire Chiefs, held September 27, 2011, all participants voiced support for phasing out "personal production of marihuana in private dwellings due to serious public safety and public health concerns." As noted above, the Consultation Report summarizing stakeholder input is attached to affidavit at Exhibit "F".

#### MARIHUANA FOR MEDICAL PURPOSES REGULATIONS (MMPR)

87. The MMPR came into force in June, 2013 and created a framework to replace the MMAR, which will be repealed on March 31, 2014. During the period between June, 2013 and March 31, 2013, both regulatory regimes are operating concurrently, creating a transition period to the new supply and distribution system for dried marihuana, which relies on commercial production of marihuana for medical purposes provided for in the MMPR. A

copy of the MMPR and the Regulatory Impact Analysis Statement (RIAS) is attached to this my affidavit at **Exhibit "G"**.

88. The RIAS published with the MMPR states that one of the objectives of the MMPR is "to reduce the risks to public health, security and safety of Canadians, while significantly improving the way in which individuals access marihuana for medical purposes."
89. Under the MMAR, there were practical difficulties in imposing quality and safety standards on production by personal producers of marihuana for medical purposes, who may lack the capacity, knowledge or motivation to implement them. This situation poses individual health and safety risks for those seriously ill persons who consume cannabis, not knowing what kind or level of microbial or chemical contaminants it may contain, or what standards should be or have been used for products such as fertilizers or pesticides.
90. The MMPR approach to providing access to dried marihuana for medical purposes is intended to address many, if not all, of the significant negative consequences that resulted from the MMAR. At the same time, the MMPR are intended to improve access to quality dried marihuana for medical purposes, which is produced in regulated, sanitary, and secure premises. Accordingly, the new MMPR intends to:
  - Increase individual and public health and safety and security; cultivation of marihuana in individual residences under the MMAR ran contrary to these objectives;
  - Treat marihuana, to the extent possible, as much as possible like other drugs for medical use; the MMAR did not provide for good production practices, in sanitary secure premises, or require that marihuana products were labelled to show levels of THC and CBD. Under the MMAR there was no capacity to limit microbial and chemical contaminants to generally accepted tolerance limits for human consumption;
  - Facilitate access to multiple strains;
  - Eliminate government involvement in authorizing possession of marihuana for medical purposes; persons using marihuana for medical purposes will no longer need to seek Health Canada approval;

- Expand the scope of persons who may sign a medical document to include nurse practitioners, where their licensing bodies permit; under the MMAR doctors only could support an individual's use of marihuana for medical purposes;
- Streamline the medical document and eliminate categories of medical conditions; no specialist is required; under the MMPR one doctor or nurse practitioner can determine together with a patient if marihuana should be used;
- Return Health Canada to its traditional role of regulator HC will no longer be involved in selling marihuana for medical purposes or servicing individual users;
- Create a legitimate, regulated business environment in which:
  - a. dried marihuana for medical purposes will be produced and distributed under safe, secure, sanitary conditions;
  - b. production site and key personnel of the Licensed Producer must meet security standards;
  - c. standards for packaging, transportation and record keeping are required;
  - d. inspections of licensed producers can be conducted, during which compliance and enforcement activities can be carried out to the benefit individual users and the general public; and
  - e. A better balance can be achieved between providing access to dried marihuana for medical purposes and minimizing negative impacts resulting from its production in dwelling houses.

91. The MMPR authorizes the following key activities:

- possession of dried marihuana by individuals who have the support of a licensed health care practitioner to use marihuana for medical purposes;
- production of dried marihuana by licensed producers only; and
- sale and distribution of dried marihuana by licensed producers and hospitals to individuals who can possess it.

92. The MMPR also allows individuals who hold an authorization to possess under the MMAR to transition to the new framework using their authorization for up to one year after its date



of issue (unless a period of usage of less than 12 months has been indicated in the medical declaration). Individuals can also transition to obtaining their legal supply of dried marihuana for medical purposes under the MMPR by using a medical declaration issued under the MMAR to register with a licensed producer, which can then provide them with dried marihuana for medical purposes.

93. Under the MMPR, personal and designated licenses to produce dried marihuana for medical purposes issued under the MMAR will be phased out, until March 31, 2014 when the MMAR will be repealed and all personal and designated production licenses will become invalid.
94. Health Canada's website provides detailed information for persons who are interested in transitioning to the new MMPR, in using marihuana for medical purposes, or in applying to be a Licensed Producer under the new scheme: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/transition-eng.php>. These materials are attached at **Exhibit "H"**.
95. The Health Canada guidelines for Licensed Producers, also available at the Health Canada website <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/guide-eng.php>. These materials elaborate, for example, Licensed Producer physical security measures and good production practices as required under the MMPR; these materials are attached at **Exhibit "I"**.
96. Health Canada has continued to accept applications for renewal of personal and designated production licenses, however, September 30, 2013 marked the deadline for submission to Health Canada of applications for new licenses to produce marihuana for medical purposes, as well as for increases to personal or designated production licenses and for changes to production sites. The rationale underlying this deadline is that applications submitted beyond the October 1, 2013 would have left inadequate time for new producers to cultivate, harvest and dry a marihuana crop prior to the repeal of the MMAR on March 31, 2014.
97. On repeal of the MMAR, Health Canada will no longer receive, process, or issue applications for authorizations to possess and licenses for personal or designated

production, or continue to produce and supply marihuana for medical purposes. The new MMAR return Health Canada to its traditional role of regulator, as with other drugs, rather than producer and service provider.

### THE ADMINISTRATIVE IMPLICATIONS

98. The upcoming repeal of the MMAR on March 31, 2014 has meant that Health Canada has already substantially dismantled the infrastructure put in place to support them. The winding down of the operational support of services provided under the MMAR is well underway and will be completed by March 31, 2014. Examples of these steps include workforce adjustment, employee relocation, and resource reallocation to other programs.
99. To continue to provide services under the MMAR would require recreating that infrastructure, which would be costly and disruptive to government operations, and would have implications for the other programs Health Canada provides to the Canadian public.
100. I am advised by Stéphane Lessard, the Acting Director of the Bureau of Medical Cannabis and Associate Director General, Health Canada and believe that at the peak of operations under the Marihuana Medical Access Regulations between 2012 and 2013, the Bureau of Medical Cannabis employed 142 persons. Since October 2013, staff reductions have taken place. As of January 30, 2014, 86 employees remain.
101. I am also advised by Stéphane Lessard, and believe, that during 2012 and 2013 the Authorizations and Licensing Division was managing upwards of 4,000 pieces of mail per week. At the same time Client Services Division was responding to 250 written requests, 1000 police inquiries, and 7,000 calls per month. The Production Division was processing over 1,000 orders for dried marihuana and seeds per month.
102. I am further advised by Stéphane Lessard and believe that by October 2013, after which new personal and designated production licenses could no longer be issued, demand began

to taper off. By January 2014, each division had reduced its staff, with the Authorizations and Licensing Division reducing its staffing by almost 50%.


103. Hiring temporary help from an agency takes approximately one month and hiring *via* the normal government processes could take between 1 and six months.
104. New employees must undergo an intensive training program before they are capable of performing their duties. Employees must be trained on Standard Operating Procedures, which consist of several volume of information about database operation, the regulatory regime, privacy issues, and other operational details. I am advised by Stéphane Lessard and believe that it takes 10 weeks to bring a new employee to the level of competence required to perform Marihuana Medical Access Regulations related work.
105. Annual maintenance and necessary improvements required to support the existing database's continued functionality, normally planned for in September of the fiscal year, have not been undertaken this year. I am advised by, Stéphane Lessard, and believe, that the SAMMII database is experiencing operational challenges caused by high usage and reduced storage and processing capacity that cause freezing, and other technical problems. Work is ongoing to improve this system for completion of the program and the continued availability of information after the March 31, 2014 repeal of the MMAR.
106. I am advised by Stéphane Lessard, and believe, that providing services under the Marihuana Medical Access Regulations required office space in 4 locations. Due to reduced staffing, work is in progress to consolidate all Bureau of Medical Cannabis offices in one location.
107. I am advised by Stéphane Lessard, and believe, that Health Canada has budgeted for wind-down tasks related to the MMAR, but has not budgeted for continued operations in support of the MMAR.

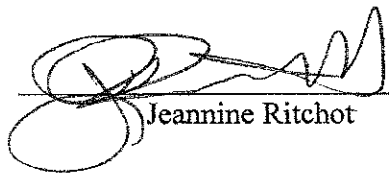
108. The MMPR are intended to address the significant health and individual and public safety concerns that arose under the old MMAR, while improving streamlined access to quality controlled marihuana for medical purposes. Health Canada is concerned that if personal production continues beyond the March 31, 2014 repeal date of the MMAR, these concerns will unabated and the unintended consequences of the old MMAR will be left unaddressed.

109. Health Canada is also concerned that continued personal production will undermine the establishment and viability of the fledgling licensed producer industry, which has been created to facilitate enhanced access to quality controlled dried marihuana for medical purposes, produced in a safe and secure environment. This industry may be undermined by reversion back to the personal production that was permitted under the MMAR.

AFFIRMED BEFORE ME at the City of  
Ottawa, Province of Ontario,  
this 7<sup>th</sup> day of February, 2014.

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A Notary Public in and for the Province of Ontario

  
Jeannine Ritchot

No. T-2030-13

## FEDERAL COURT

BETWEEN:

NEIL ALLARD  
TANYA BEEMISH  
DAVID HEBERT  
SHAWN DAVEY

PLAINTIFFS

AND:

HER MAJESTY THE QUEEN IN THE RIGHT OF CANADA

DEFENDANT

Written Representations of the Plaintiffs**Acronyms**

- "NCR" refers to the *Narcotic Control Regulations*, C.R.C., c.1041
- "MMAR" refers to the *Marihuana Medical Access Regulations* SOR/2001-227
- "MMPR" refers to the *Marihuana for Medical Purposes Regulations* SOR/2013-119
- "CDSA" refers to the *Controlled Drugs and Substances Act* S.C.1996,c.19
- "Charter" refers to the *Canadian Charter of Rights and Freedoms*
- "the Constitution Act" refers to the *Constitution Act*, 1982 being Schedule B to the *Canada Act*, 1982 (U.K.) 1982, c.11

**Background and nature of claim**

1. The Plaintiffs have been medically approved by their medical practitioner under the provisions of the *NCR* or the *MMAR* or the *MMPR* pursuant to the *CDSA* to possess and (under the *MMAR*) to produce Cannabis (marihuana) for themselves

as their medicine for their particular illnesses or to have the Cannabis (marihuana) grown for them by a designated grower/caregiver;

2. By way of statement of claim filed on December 10, 2013, the Plaintiffs commenced an action against the Defendant with respect to aspects of its proposed repeal of the MMAR on the grounds of unconstitutionality.
3. The Plaintiffs pled and rely on *sections 7, 24(1) and 52(1)* of the *Charter*, Part 1 of the *Constitution Act*, 1982 and say that the MMAR, only to the extent specifically challenged, are not saved under s. 1 of the Charter as reasonable limits that are demonstrably justified in a free and Democratic society
4. The Plaintiffs seeks declarations, pursuant to *sections 7, 24(1) and 52(1)* of the *Charter*, Part 1 of the *Constitution Act*, 1982,:
  - that a “constitutionally viable exemption” from the provisions of the *CDSA* to enable the medical use, by medically approved persons, of Cannabis (in any of its effective forms), includes the right of the patient (or a person designated as responsible for the patient) to not only possess and use Cannabis in any of its forms, but to also cultivate or produce and possess Cannabis in any form that is effective for the treatment of the patient’s medical condition;
  - that the *MMPR* (which came into force on June 19, 2013) are unconstitutional only to the extent that they unreasonably restrict the s. 7 *Charter* constitutional right of a medically approved patient to reasonable access to their medicine by way of a safe and continuous supply, and are inconsistent therewith by failing to provide for the continued personal production of their medicine by the patient or a designated caregiver of the patient, as provided for currently in the *MMAR* in violation of the constitutional rights of such patients pursuant to s. 7 of the *Canadian Charter of Rights and Freedoms* and cannot be saved by s. 1 thereof;
  - that the limits in the *NCR*, and *MMPR*, as in the *MMAR*, to possessing, selling or providing only “dried marihuana” are arbitrary, overbroad and result

in grossly disproportionate effects and constitute an unreasonable restriction on the s. 7 *Charter* rights of these patients and producers and are not saved by s. 1 of the *Charter*, in accordance with the principles and findings underlying the judicial decision in *R v. Smith*, 2012 BCSC 544 (since been confirmed by the BC Court of Appeal *R v Smith* 2014 BCCA 322)

- that the provisions in the *MMPR* (ss.12 – 15) that specifically limit production by a 'Licenced Producer' of Cannabis to "indoors", prohibiting any, even temporary, outdoor production and prohibiting production in "a dwelling house," are unconstitutional, to the extent that they might be found to be applicable to a patient generally, a patient personal producer or his or her designated caregiver. Such limits and restrictions amount to arbitrary, and overbroad limitations and result in grossly disproportionate effects and unreasonable restrictions on the patients s. 7 *Charter* right to possess, produce and store for their medical purposes, and are inconsistent therewith and these limitations are not saved by section 1 of the *Charter*,
  - that the provision in the *MMPR* (s.5 and in particular paragraph (c)) that specifically restrict the amounts relating to possession and storage by patients, to the "30 x the daily quantity authorized or 150 gram maximum, whichever is the lesser", and other similar related limitations applicable or imposed upon 'Licenced Producers' in relation to their registered clients/patients are unconstitutional, to the extent that they are applicable to a patient generally, a patient personal producer or his or her designated caregiver. Such limits, whether in the *NCR* and/or in the *MMPR*, amount to arbitrary unreasonable restrictions on the patients s.7 *Charter* right to possess, produce and store for their medical purposes, and are inconsistent therewith and these limitations are not saved by section 1 of the *Charter*.
5. In addition, the Plaintiffs seek an Order under s.24(1) of the Canadian *Charter of Rights and Freedoms*, as the appropriate and just final remedy, declaring the full ambit and scope of the medically approved patient's constitutional rights to

produce, possess and store their medicine, pursuant to s. 7 of the *Charter*, without any unreasonable and unnecessary restrictions.

6. In the alternate to (5) above, the Plaintiffs seek a permanent constitutional exemption from s.4,5 and 7 of the *CDSA* for all persons holding an authorization to possess and a personal production license as well as all persons holding an authorization to possess and who have a person designated to produce for them under the *MMAR*, including the designated producer, until such further Order of the court
7. In the further alternate to (5) and (6) above, the Plaintiffs seek an order in the nature of a permanent exemption/injunction preserving the provisions of the *MMAR* relating to personal production, possession, production location and storage by a patient or designated caregiver and related ancillary provisions, and if necessary, limiting the applicability of certain provisions of the *MMPR* to such patients or designated caregivers, until such time as the Defendant makes appropriate amendments to the *MMPR* to comply with any decision of this Court with respect to the unconstitutionality thereof.
8. The Defendant does not admit the Plaintiffs' claims and the substantive facts on which it is brought as sent out in its defence dated February 14, 2014.
9. The matter is set for trial commencing February 23, 2015.

#### **Examination for discovery of Defendant**

10. On April 16, 2013, the Plaintiffs served its list of written discovery examination questions on the Defendant.
  - *Affidavit Danielle Lukiv, sworn September 10<sup>th</sup>, 2014, Exhibit A*
11. On May 7, 2013, the Defendant wrote to the Plaintiffs raising objections to answering 47 of the Plaintiff s' questions and providing the remaining responses in the affidavit of Jeanine Ritchot, its chosen representative.



- *Affidavit of Danielle Lukiv, supra, Exhibit B & C*

12. Ms. Ritchot detailed her significant experience and involvement in the MMAR/MMPR process (which includes cabinet policy advisor) in paragraphs 1-3 of her first filed affidavit. Relying on this presented background of specialist knowledge and skills, she asserted numerous facts and conclusions.

- *Affidavit of Danielle Lukiv, supra, Exhibit D*

### The refused questions

13. The Defendant's objections to one or more questions fall into the following categories:

- Legal questions: 1-3, 12, 15,16, 18-21, 23, 24, 54-56, 58 , 59, 64- 66, 88, 91
- Argument: 33, 34, 39, 46, 47, 62, 63, 67-69, 79-83
- Opinion: 11, 17, 22, 33, 34, 39, 46, 47, 62, 63, 67-69, 79-83, 89, 90
- Evidence: 25(e), 50, 51, 70(a), 89, 90
- Speculation: 33, 34, 39
- Irrelevant: 78
- Erroneous basis; 17 (also alleged opinion evidence)
- Third party information: 22 (also alleged opinion evidence)

### **Orders Sought**

14. The Plaintiffs seek an order requiring the Defendant to serve, within 14 days responses to the 47 refused questions or such questions as the court directs should be answered;
15. In addition, in the event that the Honourable Court considers that the current

wording of the refused questions means it ought not be ordered to be answered, the Plaintiffs seeks an order permitting the Plaintiffs to serve rephrased questions dealing with each or any of such questions as the court directs within 14 days of the court's decision and requiring the Defendant to respond within 14 days of service of the questions thereafter;

16. The Plaintiff also seeks an order for costs, on a solicitor-client basis, or in the alternative on a party-to-party basis or such basis as the Honourable Court thinks fit, including by way of lump sum, to be payable forthwith, pursuant to *Rule 401* of the *Federal Court Rules*.

## Legal Overview

### Federal Court Rules

17. The Plaintiffs rely on Rule 240(a) of the Federal Court Rule.
18. In the case of *AstraZeneca Canada Inc. v. Apotex Inc.*, 2008 FC 1301, [2009] 4 FCR 243, at paragraph 13, the court noted that when it comes to oral examination for discovery, rule 240 provides for the scope of examination which is defined as relevance in respect of any unadmitted allegation of fact:

*240. A person being examined for discovery shall answer, to the best of the person's knowledge, information and belief, any question that*

*(a) is relevant to any unadmitted allegation of fact in a pleading filed by the party being examined or by the examining party; or*

*(b) concerns the name or address of any person, other than an expert witness, who might reasonably be expected to have knowledge relating to a matter in question in the action.*

19. In *Apotex Inc. v. Pharmascience Inc.*, 2004 FC 1198 , (affirmed by the Federal Court of Appeal 2005 FCA 144 ) at paragraph 19, of his decision of the relevant principles on oral discovery. This decision was At, Blais J. said (to summarize):

- *Expert opinion is not a proper subject-matter for discovery;*
- *Witnesses are not to testify as to questions of law;*
- *Examination for discovery may seek only facts, not law or argument; and*
- *The question "upon what facts do you rely for paragraph x of your pleading"*  
*is always improper.*

20. Rule 241 of the *Federal Court Rules* places an obligation upon a person being examined for discovery to inform himself or herself by making enquiries of present and former officers, servants, agents and employees who might have knowledge relating to any matter in question.

- *Aird v. Country Park Village Properties (Mainland) Ltd.*, 2002 FCT 837

21. *Rule 242* provides:

(1) *A person may object to a question asked in an examination for discovery on the ground that*

(a) *the answer is privileged;*

(b) *the question is not relevant to any unadmitted allegation of fact in a pleading filed by the party being examined or by the examining party;*

(c) *the question is unreasonable or unnecessary; or*

(d) *it would be unduly onerous to require the person to make the inquiries referred to in rule 241.*

Relevance

22. "Relevance" alone is not the test as to whether a question put on discovery must be answered. Of course, if a question is irrelevant, it need not be answered. However, if a question is relevant to some degree or another, then, if an objection is raised, the Court must consider factors such as the degree of relevance, how burdensome is it to obtain an answer, is the question fair, is it abusive and so forth.

• *AstraZeneca Canada Inc. v. Apotex Inc.*, 2008 FC 1301, [2009] 4 FCR 243 at para. 16

23. A person who is a party to a civil action is entitled to ask any question on discovery that is relevant to the issue: that is a matter of justice to him, subject of course to the discretionary power of the prothonotary or a judge to disallow the question where it is abusive for one of the reasons (mentioned above at paragraph 22).

• *Merck & Co. v. Apotex Inc.*, 2003 FCA 438, 2003 FCA 438, at para. 13.

24. The Federal Court of Appeal again considered the scope of "relevance" in the context of oral discovery in *Apotex Inc. v. Bristol-Myers Squibb Co.*, 2007 (citation below) FCA 379, 2007 FCA 379. In that decision Sharlow J.A. for the Court, considered "relevance" as including not only that which will go to proving or disproving the case of one or other party, and considered the "train of inquiry" test which she stated was subject always to the "overriding discretion of a prothonotary or judge to control abuses of the discovery process."

25. Further, at paragraphs 30–31 and 35, Sharlow J.A. wrote:

*"In determining the propriety of a particular question posed in the examination for discovery of Dr. Ryan, the test is whether it is reasonable to conclude that the answer to that question might lead Apotex to a train of enquiry that may either advance its case or damage the case of BMS: Apotex v. Canada, 2005 FCA 217 (CanLII), 2005 FCA 217. For example, Apotex is entitled to ask any question that could elicit an admission by BMS as to a relevant fact, or that could elicit*

*information about the existence of documents that have not been disclosed but that meet the test of relevance for the purposes of pre-trial discovery, as set out in the Further and Better Order, subject always to the overriding discretion of a prothonotary or judge to control abuses of the discovery process.”*

- *Apotex Inc. v. Bristol-Myers Squibb Co., (2007) FCA 379, 2007 FCA 379.*

26. In determining whether the test of relevance is met in a particular case, it is necessary to consider the allegation that the questioning party is attempting to establish or refute.

- *AstraZeneca Canada Inc. v. Apotex Inc., 2008 FC 1301, [2009] supra, at para. 17*

27. The task of distinguishing proper questions from improper ones requires consideration of the factual and procedural context of the case, informed by an appreciation of the applicable legal principles. The determination made by the judge or prothonotary at first instance will stand if it is reasonable, unless it is based on an error of law.

- *AstraZeneca Canada Inc. v. Apotex Inc., supra, at para. 18*

28. On discovery, it is enough that a question "may" be relevant or have a semblance of relevance. Otherwise stated, it is enough that the question not be "egregiously" or patently irrelevant. What is ultimately relevant or admissible at trial is a matter for the trial judge.

- *Eli Lilly and Company v. Apotex Inc. 2006 FC 282 at paragraph 20*

29. The Defendant refuses to answer question 78 citing it as irrelevant.

30. Question 78 is highly relevant and relates directly to the material issue of reasonable supply of medicine and quality thereof. The question does not relate to immaterial public opinion but the reasonableness of the MMPR provisions by way of the reaction of the public.

Legal Conclusion and Argumentative Questions

31. A question is said to be argumentative when it invites the witness to argue his/her own case and like, a question that calls for a legal conclusion, it is not permissible. The two notions of calling for a legal conclusion and argumentative are conceptually intertwined.
- *Northwest Sports Enterprises Ltd. V Griffiths (1999) BCJ No. 637*
32. The Defendant cites the following basis for refusal to answer certain of the Plaintiffs' questions.
- Legal questions: 1-3, 12, 15, 16, 18-21, 23, 24, 54-56, 58, 59, 64-66, 88, 91
  - Argumentative: 33, 34, 39, 46, 47, 62, 63, 67-69, 79-83
33. Questions 1-3, are not seeking legal conclusions but seek facts/request confirmation (or otherwise) of relevant material facts, namely that the federal government were required by the Ontario Court of Appeal to amend the law at the time so as enable lawful reasonable access to medical marihuana; the nature/details of the government's legislative response. An informed senior government director and analyst such as Ms. Ritchot can properly provide responses by way of agreement or denial of its legislative path and influencing factors. Consequently, such questions do not require or amount to legal conclusions.
34. Questions 12 15, 16, 18-21, 23 & 24 are not seeking legal conclusions but seek facts/request confirmation (or otherwise) of relevant material facts (including the facts dealing with supply, the MMAR repeal, issues of affordability) from a relevant government official who has been selected by the Crown to respond questions relating to material facts as raised in the pleadings.
35. Questions 54-56 request factual information from the Defendant: namely an explanation as where the government's formula came from. ("the source");

confirmation as to the limits of the formula and confirmation/denial (or otherwise) as to their comparisons with other international standards. No legal conclusions are sought.

36. Question 58 do not require the expression of a legal conclusion but rather the expression of a conclusion of a government official involved in such a process and as such having special knowledge and skill.
37. Question 59 requires an explanation as to government decision making and is not seeking a legal conclusion.
38. Question 64 & 65 do not require legal conclusions but a response to the question of the practical application of governmental policy and regulation by the government's representative.
39. Question 79-83 do not seek to elicit argument or opinion but assert facts relevant to the issues which the Plaintiffs ask the Defendant to accept or reject.

#### Opinion Questions

40. As a general rule, questions which elicit an opinion may not be asked in an examination for discovery. However, there are several exceptions to this rule including where an opinion is sought from the person who performs duties on behalf of a party that involves special skill and knowledge.
  - *Teachers' Investment & Housing Co-op (Trustee of) v Jennings (1991) 61 BCLR (2d) 98 (CA)*
  - *Westfair Properties (Pacific) Ltd. v Aitken Wreglesworth Associates Architects Ltd., (1995) BCJ No. 225*
  - *Westcoast Transmission Company Co. v Canadian Phoenix Steel & Pipe Ltd. (1971) 15 DLR (3d) 487 (BCCA)*
41. The Defendant cites the following basis for refusal to answer certain of the

Plaintiffs' questions.

- Opinion: 11, 17, 22, 33, 34, 39, 46, 47, 62, 63, 67-69, 79-83, 89 & 90
42. Question 11 does not elicit opinion but requires agreement (or disagreement) with the factual background of the consequences/difficulties with aspects of the MMAR legislation.
  43. Question 17 relates to a central material fact raised by the Plaintiffs' statement of claim (which for the purpose of discovery is considered to be true not erroneous) namely the drastic difference in cost of personal production compared to commercial purchase of production.
  44. Question 22 does not seek to elicit opinion or information only known to third parties. The question is wholly relevant to the material issue of affordability. The Defendant is obliged to provide information of Provinces who provide such coverage if such information is available to the Crown. If the Crown is aware that no Provinces cover the cost of medical marihuana by virtue of having no DIN number or otherwise, then it should state so and if it claims to have no such knowledge having chosen to make no such enquiries, then it should say so.
  45. Questions 33 & 34 both seek a factual response and interpretation as the chosen representative of the government representative of the legislation is sought, not an opinion, given the material issue of the inadequacy of the storage provisions. It is not speculative but requires calculations based on known limitations.
  46. Question 39 does not require an opinion or the advancement of argument to respond. It requires the examinee to provide facts relating to the issue of reasonableness and legitimacy of the dangers relied on as pleaded by the Defendant.
  47. Questions 46 & 47 requests factual agreement or disagreement not an opinion and is relevant to a material issue in dispute as set out in para. 55 above.



48. Question 62 seek to clarify the issues and address material facts. It does not require the examinee to argue its case but provide yes or no responses.
49. Question 63 also seeks to clarify the issues and address material facts. Indeed it specifically requests the "factual" basis. 67-69, 79-83, 89 & 90
50. Questions 67-68 are permissible opinion questions given the examinee's role as a representative for the "corporate" Defendant and the special skill and knowledge of the role and involvement in the legislative process
51. Question 69 calls for a yes or no response based on facts and not the opinion, of the examinee in her role as the Defendant's representative.
52. Questions 79-83 doe not seek opinion evidence but the agreement or disagreement with material facts.
53. Questions 89 & 90 are proper questions which the Defendant should be required to answer as seeking a factual response within its practical knowledge and are clearly of relevance to the material facts.

Facts or Evidence? Questions related to the pleadings

54. As a matter of practice questions relating to pleadings should be posed to allow the witness to address the facts and not the law; for example: what facts do you have that would...?"
  - *Manojlovic v Currie (2012) BCSC 1275 at para. 15*
55. Questions soliciting "facts" rather than evidence and prefaced by words such as "What facts do you rely on,?" or "what facts are you aware of.....?" are permissible in examination for discovery.
  - *Thomson v Berkshire Investment Group Inc. 2006 BCSC 1456*
56. The Defendant cites the following basis for refusal to answer certain of the

Plaintiffs'

questions:

- Evidence: 25(e), 50, 51, 70(a), 89 & 90

57. Question 25(e): the first part "*what are the serious threats to the health and public safety*" is a proper question requesting facts relied upon and relating to a material fact as found in the Defendant's pleadings. The second part of the question, though speaks to evidence, is requesting facts relied upon with respect to the issue of diversion to the black market and the risks thereof. If the court considers the original phrasing to be improper, then rephrasing of the question should be permitted, given counsel would have such an opportunity to do so at an oral examination for discovery and results in no prejudice to the Defendant.
58. Question 50 & 51 relate to the facts upon which the Defendant relies with respect to support their claim as the appropriate amounts of marihuana that a patient may possess and their reasonableness. Though the questions are framed to request evidence, the intent is to request facts relied upon with respect to these material issues. Rephrasing of the questions should be permitted, if the court considers the original phrasing to be improper. Counsel would have such an opportunity to do so at an oral examination for discovery and results in no prejudice to the Defendant.
59. Question 70(a), though framed to request evidence, intended to illicit facts known to the Defendant which relate to the material issue of the reasonableness of the failure of the MMPR to preserve the patient or designated grower's right to produce medical marihuana outdoors as permitted under the MMAR. Though the question is framed to request evidence, the intent was to request facts relied upon with respect to this material issue. Should this Honourable Court consider the original phrasing to be improper, rephrasing of the question should be permitted,. Counsel would have such an opportunity to do so at an oral examination for discovery and results in no prejudice to the Defendant.


Borderline questions

60. Moreover, in any event, it should also be remembered that in the event that a question is borderline, the Court should exercise its discretion in favour of answering such a question.

- *Scientific Games Inc. v. Pollard Banknote Ltd.* (1997) 73 C.P.R. (3d) 461 at p. 492

61. Questions exploring relevant issues between the parties, in order to deal with allegations that have not yet been admitted, are proper. The Plaintiffs' questions ought to be answered by the Defendant.

All of which is respectfully submitted.



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