

Primary Stakeholder Recommendations
To Health Canada

on

Marihuana Medical Access Regulations (MMAR)

February 18th, 2004
Health Canada
Multi-Stakeholder Consultation Session

**Canadian Patients' Submission to Health Canada based on Consultation
Sessions during January - February 2004**

MMAR Amendment Recommendations for Immediate Implementation

This document was prepared based on consultations with licenced authorized patients and designated suppliers participating under the regulatory framework of Health Canada's Marihuana Medical Access Regulations.

These recommendations to Health Canada provide a foundation for necessary amendments to the MMAR for a more workable and accessible medical cannabis access program based on the needs of the primary stakeholders in Canada – the patients.

Primary stakeholders unable to access the Health Canada medical cannabis program also provided input in regards to their inaccessibility concerns for legal cannabis therapeutics.

Submitted by

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Primary Stakeholder Issues - February 18th, 2004
Canadian Patients' Recommendations to Health Canada:

MMAR Amendment Recommendations for Immediate Implementation

Patient Concerns and Issues (Primary Stakeholders)

1.) Streamline the MMAR application and renewal process

- Implement five (5) year OCMA licences for AP (possession) and DPL (production) exemptions.
- Longer term licences available for AIDS/HIV, MS and severe forms of cancer.
- Avoid duplication to reduce process time. (photos, supporting documentation etc.)
- More medical conditions supported for legal cannabis therapeutics. (migraines, glaucoma etc.)

2.) Access – Supply

- Choice of many legal sources and strains of dried cannabis – various suppliers.
- Retain access to whole plant cannabis therapy – avoid replacement by ‘pharmaceuticalization’.
- Allow medical cannabis use in hospitals, institutions, long-term care facilities etc.
- Allow naturopaths and herbalists to sign HC forms for subsidy and access to medical cannabis.
- Affordability – medical cannabis subsidized federally/provincially for fixed income patients.

3.) Resolve doctor/CMA/CMPPA “signing forms” problem (denial of access)

- A majority of patients are refused access to legal medical cannabis based on physicians’ hesitation to sign their Health Canada forms – although most physicians are willing to write notes for access to compassion club cannabis.

Grower/Producers Issues and Concerns:

1.) Growers’ Liability Issues

- Allow the licencing of private-sector medical cannabis production; licence non-profits, limited companies and organizations for cannabis production. Primary stakeholders will benefit from a diverse medical cannabis open market for options in choice, price, quality, strains etc.
- Insurance (fire/theft) coverage for production facilities (electrical inspections to code)

Canadian Patients' Recommendations to Health Canada: MMAR Amendment Recommendations for Immediate Implementation

2.) Crop Production Concerns

- Plant numbers flexibility – Cloning/propagation for consistent supply.
- Designated producers able to supply multiple authorized patients in the Health Canada system. (Crop production records - if "diversion issues" are of concern.)
- Cannabis production licences administered by Health Canada to compassion club growers and allow designated producers to supply the compassion clubs.
- For diversion concerns - inspections. Implement and utilize Health Canada inspectors. The use and production of medical cannabis is legal; law enforcement for inspection is inappropriate. [Ref. MMAR sec.57. (1)] Patients and growers feel intimidated by guns and police drug squads for legal possession, use and production.
- Eliminate monopoly on growers/growing. A free open source market will lower costs to patients for their supply of medicinal cannabis and provide product choice to primary stakeholders.
- Safe and consistent crop management/handling standards - regulated to address patients' health concerns.

Distribution Issues

1.) Distributor Issues and Concerns

- Non-profit distribution systems/programs licensed by Health Canada - compassion clubs.
- Designated growers able to distribute to multiple authorized patients within MMAR.
- Avoid monopolized distribution system - open market for all including the private sector; licence non-profits, limited companies and organizations for cannabis production.
- Allow distribution and sale of various alternative cannabis plant based products. (tinctures, food products, drinks, sprays and all other natural cannabis based plant products)

2.) Medical Cannabis Products and Other Issues

- Allow production of various alternative cannabis plant based products by cannabis producers to meet patients' demands for alternatives to smoking. (tinctures etc.)
- Health regulations for cannabis based products (inspections, food safe etc.)
- Consistent regulations for shipping cannabis. Delivery confirmation/signature upon delivery.

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Additional Information

Out of all emails received from January 1, 2003 to January 1, 2004 by the online resource website medicalmarihuana.ca - the most frequent documented concerns were in regards to:

- #1.) Canadian patients looking for a choice of safe and affordable medical cannabis supply.
- #2.) Patients requesting names of doctors in their region who will sign their MMAR forms.
- #3.) Miscellaneous medical questions, police concerns, questions about Health Canada forms.

SUMMARY:

Lack of access to a safe and affordable choice of cannabis supply continues to be a major issue.

Patients are concerned as to why many physicians refuse to sign the Health Canada MMAR OCMA forms - yet their doctors will sign for authorized compassion club cannabis use.

Another serious concern is fear of law enforcement action taken towards legal medical cannabis users and their legally designated producers. This seems to be based on a lack of communication in regards to the fact that medical cannabis use is legal in Canada.

Initiating educational and public awareness programs for law enforcement groups and secondary stakeholders on the legal medical use of cannabis will rectify this problem.

Patients also expressed frustration that their needs and concerns as the primary stakeholders in the MMAR program are being ignored. Patients want to be heard; appropriate action should be taken to address their needs and concerns in a respectful and timely manner by all concerned.

Patients want to be treated as responsible intelligent health conscious consumers – not criminals.

Medical cannabis growers and distributors want to be recognized as providing an important and vital service to the community, not perceived as “drug dealers”.

All secondary stakeholders must resolve these issues if the Health Canada medical cannabis access program is to work effectively and efficiently to meet the primary stakeholders' needs.