

FEDERAL COURT

BETWEEN:

NEIL ALLARD  
TANYA BEEMISH  
DAVID HEBERT  
SHAWN DAVEY

PLAINTIFFS

AND:

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANT

WRITTEN EXAMINATION

TO: HER MAJESTY THE QUEEN IN RIGHT OF CANADA

The Plaintiffs have chosen to examine the Defendant Her Majesty the Queen in right of Canada for discovery.

You are required to answer the questions in the schedule by affidavit in Form 99B prescribed by the *Federal Court Rules*.

The affidavit containing the answers is to be served on all other parties by August 15<sup>th</sup>, 2014 pursuant to the Court's Order of May 2, 2014.

Dated: July 25, 2014

  
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## SCHEDULE

### General Context – Parker to the *MMAR*

1. As a result of the decision of the Ontario Court of Appeal in *R. v. Parker* (2000), the government of Canada was required within one year from that decision to amend the *Controlled Drugs and Substances Act (CDSA)* and to put in place a “constitutionally viable medical exemption” to the prohibition against the possession and cultivation of cannabis (marihuana) in the *CDSA* in order to provide reasonable access for medical purposes to medically approved patients so that such patients would not have to choose between their “liberty” if they broke the law and their “health” if they went without their medicine, isn’t that correct ?
2. In response, the government of Canada ultimately promulgated the *Marihuana Medical Access Regulations (MMAR)* in 2001 that enabled such medically approved patients to cultivate or produce dried cannabis (marihuana) for themselves or have a designated grower do so for them at a specified production site, including a dwelling house, in amounts determined according to a formula set out in the regulations that depended upon the number of grams per day authorized by the medical practitioner, isn’t that correct?
3. The *MMAR* made various provisions with respect to production either indoors or outdoors, but not both at the same time, with some limitations with respect to production site location in so far as schools and playgrounds are concerned, but not otherwise and allowed a patient to possess up to a 30 day supply on their person at any time, and made provision for administrative changes to these licenses, including changes of production site addresses and other amendments, depending upon the individual circumstances, and required annual renewal through Health Canada, isn’t that correct?

### *MMAR* Program Statistics

4. How many patients held authorization’s to possess (ATPs) as of March 21, 2014?
5. How many patients were authorized within the previous 12 months from March 31, 2013 until March 20, 2014 and lost their ability to possess cannabis (marihuana) for medical purposes simply because they failed or were unable to renew their of license on or before September 30, 2013 and/or it expired prior to the interlocutory injunction ordered March 21, 2014?

6. How many patients with a valid ATP's held a valid Personal Use Production License (PUPL) on
  - (a) September 30, 2013? ;
  - (b) March 21, 2014? ;
  - (c) March 31, 2014?.
  
7. How many patients with a valid ATP had a valid Designated Grower(DGL) producing for them as of:
  - (a) September 30, 2013?;
  - (b) March 21, 2014?;
  - (c) March 31, 2014?.
  
8. How many patients with a valid ATP's were purchasing their cannabis (marihuana) as medicine from the government source Prairie Plant Systems as of:
  - (a) September 30, 2013? ;
  - (b) March 21, 2014? ;
  - (c) March 31, 2014?.
  
9. As of April, 2013, Health Canada authorized the production of 188,189 kg of cannabis (marihuana) to be produced under the *MMAR* under the various licenses during the year 2012, broken down as follows:
  - 15,752.88 kg: for patients needing to use one to 5 g per day;
  - 42,054.31 kg: for patients needing to use 6 to 10 g per day;
  - 89,127.44 kg: for patients needing to use 11 to 20 g per day;
  - 12,795.62 kg: for patients needing to use 21 to 50 g per day;
  - 3,195.21 kg: for patients needing to use 51 200 kg per day; and
  - 4,854.87 kg: for patients needing to use 101,050 g per day

Isn't that correct and are updated figures available for 2013 or until March 31<sup>st</sup>,2014?

10. Also, as of April, 2013, there were 89 persons in Canada with authorizations to possess with dosage levels of 150 g or more per day, weren't there and did this number change up to March 31<sup>st</sup>,2014?

### **The Government Supply under the *MMAR***

11. Since the promulgation of the *MMAR* there were several court challenges to various aspects of them including *Wakeford* (s.56, exemptions and government supply)(1998); *Krieger* (Right to produce pre government supply) (2000); *Hitzig* (government supply and the DG limit to grow for one only) (2003); *Sfetkopoulos* (The DG limit to grow for one only) (2008); *Beren* (3 licenses in one place limit struck)(2009); *Smith* (BC only -the dried marihuana limitation) (2012); and *Mernagh* (the doctor boycott)(2013), and some of them included an effort to have the government come up with a supply and ultimately the government made available as its supply the product made by Prairie Plant Systems, initially for research purposes, and approximately 20% of the approved patients accessed the supply, but many expressed a poor opinion about its suitability for their particular ailments and it suffered a poor reputation generally amongst patients, didn't it?
12. Consequently, for a period of time, approximately 10 years, medically approved patients were able to access a supply from government through Health Canada or produce for themselves or have a designated person grow for them as the sources of supply of their medicine, apart from the black or grey illicit markets, is that correct?
13. Some of the patients purchased the government supply, but were unable to pay for the product and were therefore cut off from that supply and became indebted – please provide the full details as to the number of such patients, the amounts owed and what steps were taken to collect the amounts owed and what the ultimate results of such efforts were to both the patient and Canada?
14. How many patients who were purchasing their cannabis (marihuana) as medicine from the government source Prairie Plant Systems (PPS) over the course of the program commencing July 8, 2003 under the "Interim Policy" until March 31, 2014, found they were unable or were found to be unable to afford the cost of the government source of supply so were cut off from the government supply and how much did they owe, individually and collectively, and what steps if any were taken to collect the amounts owed individually or collectively?

### **MMAR transition to MMPR - the new model**

15. On June 7, 2013 the Marihuana for Medical Purposes Regulations (*MMPR*) were promulgated and ran concurrently with the *MMAR* until March 31, 2014, when they would have the effect of repealing the *MMAR* in their entirety, and existing patients under the *MMAR* were required to complete any renewals or changes to their permits under the *MMAR* on or before September 2013, isn't that correct?
16. The *MMPR* by repealing the *MMAR* eliminated the ability of patients to produce for themselves or have a designated grower do so for them, and compels them to obtain their medicine only from government Licensed Producers (LP's) at market prices and by obtaining a medical document from a medical practitioner and providing it to the LP in order to have that LP ship to them a labeled package of medicine and it is the label that constitutes the proof of lawful possession by the individual, isn't that correct?

### **Affordability and Cost of Production**

17. The evidence in these proceedings to date from the Plaintiffs indicates that they have been able to produce for themselves at \$.50 to \$3 per gram – don't you agree that these individuals are not part of the license producer's target market, as they, the Licensed Producers are unable to produce cannabis (marihuana) for that cost in accordance with the *MMPR* provisions and that therefore the target for the LPs are those who can afford \$3 a gram and up – isn't that correct?
18. The *MMPR* creates a government authorized supply for those who can afford market prices and makes no provision for those patients who cannot afford those prices do they?

### **Medical or other insurance for the poor and disabled**

19. No provision is made in the *MMPR* or elsewhere by the government of Canada or in conjunction with the Provinces to ensure reasonable access to their medicine by those who cannot afford the LP market prices, is there?
20. There is no provision in the *MMPR* or elsewhere under the jurisdiction of the Federal government of Canada that will provide financial assistance, or insurance to those patients who cannot afford the Licensed Producer prices – is there?
21. The plight of those who simply cannot afford or will not be able to afford the Licensed Producer prices was not considered or addressed in the preparation for or in the proposed *MMPR* nor is there any such provision in the legislation itself is there?

22. As indicated in paragraph 36 of the Defence, 'dried marijuana' is not an 'approved' drug for sale in Canada and this means it does not have a DIN number and patients cannot claim coverage under any provincial insurance scheme for reimbursement of the cost of purchase, isn't that correct?
23. The concept of an 'approved drug' under the *Food and Drugs Act* relates to being 'approved for sale' not simply approved for personal use, isn't that right? ,
24. The *MMPR* limit production and possession to "dried marihuana" only and the patient is only permitted to possess up to 30 times their daily limit or 150 g, whichever is less, whereas the *MMAR* allowed possession up to 30 times the daily limit with no limit to 150 g, isn't that correct?

### **Dried Marihuana limitation**

25. The reasons why the government has limited the use of Cannabis (marihuana) to its dried form only in the *MMAR* and has continued that limitation in the *MMPR* and added it to the *NCR*, are set out in paragraphs 89 through 94 of the *Statement of Defence* and raise the following questions;
  - (a) What is the "limited clinical evidence" referred to in paragraph 91 regarding the use of marihuana for medical purposes?;
  - (b) What is known about the risks and benefits of unapproved cannabis derivatives and preparations?
  - (c) What are the "serious threats to health and public safety" alleged in relation to the 'production of marihuana' for medical purposes?"
  - (d) What are the "serious threats to health and public safety" alleged in relation to the 'possession of marihuana' for medical purposes?
  - (e) What are the "serious threats to health and public safety" and what evidence exists to support this allegation in relation to patients who produce for themselves or their designated grower caregivers and that do not "distribute" to others?
  - (f) The extraction of cannabis active components and preparations from marihuana plant material through chemical processes involving the use of volatile solvents is limited to the extraction of cannabis oil and does not apply to all other derivatives or preparations, isn't that correct?

- (g) So long as the patient has in his or her possession, an appropriate authorization document or certificate to possess cannabis in any of its forms, why is it any more difficult for law enforcement officials to determine that the product has been produced from a legal source than if they are limited to “dried marihuana”?
26. Please provide details of any specific problems that arose during the course of the *MMAR* program with respect to the use of cannabis (marihuana) in forms other than “dried marihuana”?
27. Isn't it true that ingesting cannabis based medicine orally tends to provide (a) slower onset of effect; (b) lengthier plateaus of effective doses of cannabinoids in the system as opposed to smoking or vaporizing dried marihuana which (a) takes effect quickly but; (b) also wears off quickly?
28. How many reports of negative effects from medical consumption of cannabis resin (hashish) has HC received from licensed *MMAR* patients since the decision of the Court in *R v. Smith*? For each such report, please provide a detailed description of the incident any HC's response to the incident.
29. How many reports of negative effects from medical consumption of cannabis-based derivative medicines consumed orally (e.g., cannabis cookies or other edibles) has HC received from licensed *MMAR* patients since the decision of the Court in *R v. Smith*? For each such report, please provide a detailed description of the incident and HC's response to the incident.
30. How many reports of negative effects from medical consumption of cannabis-based derivative medicines consumed topically (e.g., cannabis lotion) has HC received from licensed *MMAR* patients since the decision of the Court in *R v. Smith*? For each such report, please provide a detailed description of the incident and HC's response to the incident.

#### **The 150 gm Limit on possession**

31. Please provide details of any specific problems that arose during the course of the *MMAR* program with respect to a patient possessing more than 150 g on their person so as to warrant that limitation in the *MMPR*?
32. How many patients were attempted to be or were in fact robbed or assaulted in order to steal the marihuana they possessed on their person, throughout the history of the program?

33. Bearing in mind the above program statistics, this limitation may work for those with dosages in excess of 5 g per day who can possess 150 g or a 30 day supply on their person at any time when out and about under the *MMPR*, but all of those with greater than 5 g per day authorizations become more and more limited in their ability to be away from their home or storage site as their dosage increases to the point where those with 150 g a day authorizations or greater will remain virtually housebound – isn't that correct?
34. This will also mean that those with greater than 5 g per day authorizations will require multiple shipments from an LP at greater shipping costs to fulfill the requirements, as there is no provision for storage, and may have difficulties picking up and transporting their allowances from the local post office to their residences and other such complications because of that possession limitation to 150 gm. – isn't that correct?

#### **Basis for the Change and the evidence in support**

35. The reasons put forward by the government of Canada for the change to the *MMPR* from the *MMAR* involves a policy to try and treat cannabis (marihuana) like any other "prescribed drug" (the Oxycontin model) and because it is asserted that home production is "inherently dangerous" due to alleged problems with "toxic mold, fire and electrical safety, and public safety" and for no other reasons, is that correct?
36. Are there any other reasons asserted and if so, what are they in detail and what is the basis for them?
37. Please provide details, including statistics, of the basis for each alleged problem asserted, or found to be occurring at a Health Canada approved *MMAR* production site during the history of the program?
38. In the case of each problem found in an approved Health Canada production site please advise whether or not the production site was in compliance with local government bylaws and had been subject to inspection by them or not?
39. Can you point to any particular problem arising in any of these circumstances where the problem could not have been prevented by initial licensing, permitting and inspections followed by regular inspections or the problem could not be remediated or fixed and reoccurrence prevented?
40. Exactly how many complaints regarding smell from licensed *MMAR* producers did HC receive for the period 2001 - 2013? For each such complaint, provide: a) the



date of the complaint; b) the geographic location of the complaint; c) a description of the complaint; d) a description of all steps HC took to ameliorate the issue resulting in the complaint.

41. Exactly how many incidents of diversion from *MMAR* license holders to the black market were proven in court (resulting in a verdict of guilty for trafficking, possession for the purpose of trafficking or production) during the period 2001 through 2013. For each such incident, provide a) the date of the conviction or plea; and b) the court location, level and file number.
42. Exactly how many incidents of fire in *MMAR* licensed production facilities were reported during the period of 2001 - 2013 and exactly how many of those incidents were conclusively linked to the marijuana production itself? For each such incident, provide a) the date of the incident; b) the location of the incident; c) a description of the incident.
43. Exactly how many incidents of "grow rips" from licensed *MMAR* facilities were reported in the period 2001 - 2013? For each such incident, provide a) the date of the incident; b) the location of the incident; c) a description of the incident?
44. Exactly how many incidents of 'problems with toxic chemicals' and specific problems experienced by children, or either, from licensed *MMAR* facilities were reported in the period 2001 -2013? For each such incident, if any, provide a)the date of the incident ; b)the location of the incident;c) a description of the incident?
45. When Health Canada received numerous complaints about the smell of cannabis (marihuana) from various legal producers it did nothing about them and did not even notify the Licensees of the problem taking the position that it was not within their jurisdiction to regulate smell – isn't that correct?
46. The number of complaints about smell relative to the total number of authorized production sites is relatively small isn't it indicating most have been able to control without offending or impacting others haven't they?
47. There are various types of filters and other devices available on the market to reduce and control smell so that any smell problem can be mitigated - isn't that correct?
48. What is the source of the average daily amount authorized for possession as at December 12, 2013 as being 17.7 grams of dried marihuana day as indicated in paragraph 45 of the Statement of Defense and how was this figure arrived at or calculated?

49. In paragraph 46 of the Statement of Defense it is asserted that 1 gm of marihuana produces between 3 and 5 marihuana cigarettes (joints) – what is the source of this assertion, and what is the size of the cigarettes (joints) given the various different sizes of cigarette rolling papers available in the market?;
50. What evidence is there that the average 17.7 grams of dried marihuana per day is being smoked as opposed to put into edibles or other extracts or derivatives and consumed in that fashion?
51. What evidence do you have as to how much a person might consume per day in edibles or other extracts or derivatives, including juicing?
52. How do you determine that individuals who purchased their dried marihuana from Health Canada have on average purchased between 1-3 grams per day and please provide the basis for the determination?
53. Health Canada is not able to determine whether a particular patient that is authorized to possess a certain amount either consumes all or only a portion of that amount are they?
54. What is the source of the formula in the *MMAR* that determined the number of plants a person could produce depending upon their authorized grams per day?
55. That formula does not specify the size of the plants to be produced nor does it provide for a maximum upper limit on the number of plants does it?
56. Other countries and particularly individual States in the USA do not use such a formula but set a specific number of plants instead don't they?
57. Did you do any investigation into the other countries or States to determine how they were regulating the use and production of medical marihuana and whether or not they were having any similar problems and if so, how they addressed them.
58. The Regulations can be amended to change the formula to limit the number of plants or their sizes couldn't they?
59. Why did the government require an inspector to obtain permission or a warrant before entering a private dwelling to determine whether or not a licensee is conducting their operation in accordance with the licence granted to them by Health Canada?

60. Why didn't or hasn't Health Canada sought to work out an arrangement with local government officials who regularly inspect premises for various reasons and who do not require permission or a warrant to do so?
61. Please provide whatever documentation exists with respect to the number of inspections carried out over the course of the program and provide details of any problems or other issues that arose during the course of such inspections.

### **Inherent dangerousness**

62. Is it the government's position that Cannabis (marihuana) cannot be safely produced in:
  - (a) any dwelling house by a patient under any circumstances?;
  - (b) any outbuilding by a patient under any circumstances?;
  - (c) in a collective garden by a group of patients in an agricultural or industrial or commercial zone subject to local government regulation?
  - (d) Are these concerns limited to large marijuana production facilities in private dwellings that are not constructed for such and not to small production facilities in such dwellings that are at least partially constructed for such?
63. If not, please provide the factual basis in detail of the government's position and how it applies to all dwelling houses including those that have carried out specific construction to enable such production?

### **Analogy to Natural Health Care Products and Food**

64. The Food and Drugs Act has regulations governing "Natural Healthcare Products" and whereas cannabis (marihuana) is excluded from those regulations because it is a controlled substance under the *Controlled Drugs and Substances Act (CDSA)*, nevertheless, those products are defined as "A plant or a plant material, an alga, a bacterium, a fungus or a non-human animal material" and those regulations govern the sale of such items to others or to the public and do not regulate anyone from personally producing such for themselves – is that correct?
65. Similarly, there is nothing in the Food and Drugs Act that regulates or limits an individual's ability to produce one's own food for one's own consumption or for the consumption of one's family and friends, so long as the food produced is not sold to the public – is that correct?

66. There are no federal regulations under any federal statutes that preclude an individual from producing his or her own food or herbs or flowers for one's own personal use in one's own home or garden, including an outbuilding or other location, so long as the substances are not for public distribution and are not controlled under the *CDSA*, are there?
67. Cannabis (marihuana) that is grown is a plant and harvested as such, and then perhaps used in dried form or in other forms such as edibles, juices, but not in a pill form, is much more analogous to a natural healthcare product than the usual prescribed drugs that are usually in pill form, wouldn't you agree?
68. Wouldn't you agree that people who produce food or other substances for their own consumption will naturally and understandably take steps (perhaps not always successfully) to ensure that they follow best practices to avoid any problems to their own health?

#### **Strains and individual availability**

69. The evidence in these proceedings from the Plaintiffs and others indicates that some of them have spent considerable time and effort trying to develop a particular strain or strains of cannabis (marihuana) that is effective for their particular illness and that they wish to continue doing so and fear the loss of the use of the strain if compelled to cease production and resort solely to the products available to Licensed Producers – is it Health Canada's position that these Licensed Producers will be able to produce the individual strains for the individual patients on an individual basis economically or is it expected that the patients will simply be limited to those strains made available by the License Producers and no others?

#### **No Outdoor**

70. The basis for the *MMPR* precluding any production of outdoor whatsoever is set out in paragraph 88 of the Defence as intended to decrease the risk of diversion and prevent cross contamination of nearby crops, particularly industrial hemp –
  - (a) What evidence is there of any such problems having arisen under the *MMAR* by those who were permitted to grow outdoors or both?;
  - (b) Doesn't industrial hemp look very similar to cannabis (marihuana)?
  - (c) Have there been any documented incidents of persons stealing industrial hemp thinking it was cannabis (marihuana) and/or trying to sell such hemp as marihuana into the market?;

- (d) Is the risk of cross contamination limited to 'nearby crops' only and if so what is the required distance between crops to prevent contamination?;
- (e) What other 'crops' are at risk if any?
- (f) What procedures, practices or devices or other requirements exist in the agricultural industry to prevent such cross contamination between crops that are currently produced outdoors in Canada and why can't they be applied to the production of marihuana?;
- (g) What steps have been or were considered to mitigate any concerns that form the basis for this prohibition against outdoor production?

### **Licensed Producers update**

- 71. The evidence as of March 21, 2014 indicated that the government mounted a publicity campaign to encourage applications for potential LPs and that as of February 4, 2014. Health Canada had received 454 LP applications, 8 of which had been issued, 10 had been withdrawn, 24 refused and the rest in various stages of review or screening and with an indication that some 25 new applications were being received each week -what has happened since to all of these applications?
- 72. How many applications for LP status have been received by HC? Of these, identify: a) how many have been approved; b) how many have been refused; c) how many have resulted in Health Canada issuing a "ready to build" letter to the applicant; d) how many of those applicants have successfully completed the build out and received an LP license?
- 73. How many of the existing LPs are actually selling dried marihuana to clients and what is the total production output of saleable dried marihuana for each LP to date? Please provide the answer by individual LP.
- 74. How many *MMAR* licensed producers have provided Health Canada with reports of destruction of medicine subsequent to March 31, 2014 and how much dried marihuana was reported destroyed?
- 75. Please provide details of any problems encountered by LPs in the transition period, including in particular any testing of product that has not met the required standards for production or consumption resulting in a recall or any other problems?

76. Is it true that only some 6,200 patients of registered with LPs to date and if not, what is the correct number of registrants?
77. Can you verify that the following information with respect to the current 13 LPs approved to date is accurate and correct?:
- (1.) That On July 7, 2014 the website of the LP known as Bedrocan Canada Ltd. at [www.bedrocan.ca](http://www.bedrocan.ca) indicated:
- A. Bedrocan is currently registering new clients.
  - B. Bedrocan currently has five strains of cannabis available for sale.
  - C. The price for all five strains is \$7.50 per gram with free shipping on the first order placed each month. Bedrocan does not state shipping prices for subsequent orders.
  - D. Bedrocan does not appear to offer any discount for low income or disabled individuals.
- (2.) On July 7, 2014 the website of the LP known as Canna Farms Ltd. at [www.cannafarms.ca](http://www.cannafarms.ca) indicated that:
- A. Canna Farms is currently registering new clients.
  - B. Canna Farms currently has two strains of cannabis for sale.
  - C. The price for Canna Farms' strains vary from \$7.50 to \$8.00 per gram. Canna Farms does not indicate whether shipping is included in these prices.
  - D. Canna Farms does not appear to offer any discount for low income or disabled individuals.
- (3.) On July 7, 2014 the website of the LP known as CanniMed Ltd. at [www.cannimed.ca](http://www.cannimed.ca) indicated that:
- A. CanniMed is currently registering new clients.
  - B. CanniMed currently has five strains of cannabis available for sale.
  - C. One strain (CanniMed 12.0) is \$4.88 per gram, whereas the other four strains vary from \$7.15 to \$8.78 per gram. These prices are discounted 35% off the regular price with the requirement that purchases are made online. Regular prices for purchases not made online are \$7.50 per gram and \$11.00 to \$13.50 per gram respectively. Shipping for all orders is an additional \$13.50 for a shipping time of up to four days and \$25.00 for a shipping time of up to three days.

- D. CanniMed does not appear to offer any discount for low income or disabled individuals.
- (4.) On July 7, 2014 the website of the LP known as Delta 9 Bio-Tech Inc. at [www.delta9.ca](http://www.delta9.ca) and information from a representative by phone at 855-245-1259 indicated that:
- A. Delta 9 is not currently registering new clients.
  - B. Delta 9 currently has approximately twenty strains of cannabis available for sale to registered clients.
  - C. The price for Delta 9's strains vary from \$5.00 to \$9.00 per gram. A discount of \$1.00 per gram is applied to orders of at least 30 total grams. Delta 9 does not indicate whether shipping is included in these prices.
  - D. Delta 9 offers a discount of 50% to qualified low income or disabled clients. Delta 9 does not specify what constitutes low income status or a disability, but rather has a committee that evaluates each client's request for a discount and grants the discount based on the company's capacity to afford the subsidy at the time. For those individuals who qualify, it appears Delta 9's strains would cost \$2.50 to \$4.50 per gram.
- (5.) On July 7, 2014 the website of the LP known as In The Zone Produce Ltd. at [www.inthezoneproduce.com](http://www.inthezoneproduce.com) and it indicated that:
- A. In The Zone is not currently registering new clients.
  - B. In The Zone appears to have no strains of cannabis currently available for sale.
  - C. The price for In The Zone's strains is projected to be \$5.00 to \$8.00 per gram. In The Zone does not indicate whether shipping is included in these prices.
  - D. In The Zone does not appear to offer any discount for low income or disabled individuals.
- (6.) On July 7, 2014 the website of the LP known as Mettrum Ltd. at [www.mettrum.com](http://www.mettrum.com) indicated that:
- A. Mettrum is currently registering new clients.
  - B. Mettrum currently has four strains of cannabis available for sale.
  - C. The price for all four strains is \$7.60 per gram. Mettrum does not indicate whether shipping is included in these prices.

- D. Mettrum offers a 30% discount on the first 30 total grams ordered each month to clients on provincial or federal income assistance or who have a total pre-tax annual income of less than \$30,000.00. For those individuals, it appears the first 30 grams of Mettrum's strains ordered each month would cost \$6.08 per gram.
- (7.) On July 7, 2014 the website of the LP known as MedReleaf Corp. at [www.medreleaf.com](http://www.medreleaf.com) indicated that:
- A. MedReleaf is currently registering new clients.
  - B. MedReleaf currently has no strains of cannabis available for sale.
  - C. The price for MedReleaf's strains is projected to be \$7.60 per gram with free shipping on first order placed each month. MedReleaf does not state shipping prices for subsequent orders.
  - D. MedReleaf anticipates offering a discount to low income clients, but details of the program are not yet specified.
- (8.) On July 7, 2014 the website of the LP known as OrganiGram Inc. at [www.organigram.ca](http://www.organigram.ca) indicated that:
- A. It is unclear whether OrganiGram is currently registering new clients due to an inability to reach a customer service representative.
  - B. OrganiGram currently has no strains of cannabis available for sale.
  - C. The price for OrganiGram's strains is projected to be \$6.00 to \$9.00 per gram including free shipping.
  - D. OrganiGram offers a 25% discount to clients on social assistance or government disability programs. For those individuals, it appears OrganiGram's strains would cost \$4.80 to \$7.20 per gram.
- (9.) On July 7, 2014 the website of the LP known as The Peace Naturals Project Inc. at [www.peacenaturals.com](http://www.peacenaturals.com) indicated that:
- A. Peace Naturals is not currently registering new clients.
  - B. Peace Naturals currently has no strains of cannabis available for sale.
  - C. The price for Peace Natural's strains vary from \$6.00 to \$9.50 per gram. Peace Naturals also offers two "milled varieties" which are a coarsely ground mixture of several different strains for \$4.50 per gram. Peace Naturals does not indicate whether shipping is included in these prices.



- D. Peace Naturals does not appear to offer any discount for low income or disabled individuals.
- (10.) On July 7, 2014 the website of the LP known as Thunderbird Biomedical Inc. at [www.thunderbirdbiomedical.com](http://www.thunderbirdbiomedical.com) indicated that:
- A. Thunderbird Biomedical is not currently registering new clients.
  - B. Thunderbird Biomedical currently has no strains of cannabis available for sale.
  - C. There is no information of the projected price of Thunderbird Biomedical's strains. There is no information as to whether shipping will be included in Thunderbird Biomedical's prices.
  - D. There is no information as to whether Thunderbird Biomedical will offer any discount for low income or disabled individuals.
- (11.) On July 7, 2014 the website of the LP known as Tilray at [www.tilray.ca](http://www.tilray.ca) indicated that:
- A. Tilray is currently registering new clients.
  - B. Tilray currently has ten strains of cannabis available for sale.
  - C. The price for Tilray's strains vary from \$8.00 to \$12.00 per gram. Tilray currently charges a flat rate of \$5.00 for shipping.
  - D. Tilray does not appear to offer any discount for low income or disabled individuals.
- (12.) On July 7, 2014 the website of the LP known as Tweed Inc. at [www.tweed.com](http://www.tweed.com) indicated that:
- A. Tweed is not currently registering new clients.
  - B. Tweed currently has one strain of cannabis available for sale.
  - C. The price for Tweed's one available strain is \$7.00 per gram including free shipping.
  - D. Tweed offers a discount of 20% to clients who have a total pre-tax annual income of less than \$29,000.00. For those individuals, it appears the one available strain would cost \$5.60 per gram.
- (13.) On July 7, 2014 the website of the LP known as Whistler Medical Marijuana Corp. at [www.whistlermedicalmarijuana.com](http://www.whistlermedicalmarijuana.com) and it indicated that:
- A. Whistler Medical Marijuana is not currently registering new clients.

- B. Whistler Medical Marijuana currently has four strains of cannabis available for sale to registered clients.
  - C. The price for Whistler Medical Marijuana's strains is \$10.00 per gram including free shipping.
  - D. Whistler Medical Marijuana does not appear to offer any discount for low income or disabled individuals.
78. What feedback either positive or negative has Health Canada received regarding the *MMPR* program to date and in particular regarding individual LPs and their product and service from a reasonable access perspective or otherwise?

**Impact of legalization in USA and elsewhere on supply/demand and public safety**

79. In the past the major source of demand for illicit Canadian produced cannabis (marihuana) was the USA (about 80% of our market and about 5% of theirs as most of theirs is grown by Americans for Americans in America and the rest comes through the Mexican border) and this demand has been substantially reduced not only by the legalization of cannabis (marihuana) in Washington State and Colorado for all purposes, but also by virtue of the legalization of access to cannabis (marihuana) for medical purposes in some 22 states – hasn't it?
80. This reduction in overall demand in the illicit market coupled with some abuse by a minority of *MMAR* Licensees diverting their product into the illicit market has resulted in an overall glut or oversupply that has reduced prices and resulted in the closing down of many illegal operations, hasn't it?
81. This in turn has reduced the risk of violence associated to "Grow rips" or break and enters for such purposes themselves, given that the robbers will be unable to sell the product easily given the lesser demand and oversupply, isn't that correct?
82. Legal operations under the *MMAR* are/were required to have in place acceptable security systems to prevent against robberies and the evidence is that these were effective and that legal operators would call the police in the event of such attempted robberies, whereas those engaged in the illicit market would not – is that correct?

**The Indoor Growing Industry and products**

83. Those who wish to grow any type of plant indoors have available to them a wide array of products to produce any such plants indoors safely from any electrical and fire risks, and from a toxic mold risks by use of dehumidifiers and other devices and from security risks by the use of various alarms, cameras and other devices

and including devices to reduce smell or odor and including entire indoor growing tents or containers as an entire industry or number of industries exist to supply all of these things to the legal market – isn't that correct?

### **Consultation Feedback**

84. During the consultations leading up to the *MMPR*, isn't it true that HC received many comments from stakeholders to the effect that HC should permit the production and sale of cannabis resin and/or cannabis-based medicines? Please provide the total number of persons making similar comments.
85. Isn't it true that, generally, the consultations leading up the *MMPR* resulted in stake holders representing law enforcement urging HC to implement high levels of restrictions/regulations whereas stakeholders representing patients urged HC to lessen the regulatory burdens?
86. Isn't it true that, generally, the consultations leading up the *MMPR* resulted in stakeholders representing compassion clubs (medical cannabis dispensaries) urging HC to lessen the regulatory burdens?
87. Isn't it true that, generally, the consultations leading up the *MMPR* resulted in stakeholders representing persons or entities interested in entering the LP industry urging HC to lessen the regulatory burdens imposed by the *MMPR*?

### **Interim Administrative Changes to Licenses**

88. The *MMAR* provided for notification of a change in the production site address, requiring the consent of the owner/landlord if the property was not owned by the patient/applicant, and one of the purposes of keeping a record of the production site was to provide a database accessible by the police to keep law enforcement informed as to which sites are legal and which ones were not when engaged in the general enforcement of the *CDSA* – isn't that correct?
89. If personal production or production by a caregiver is permitted to continue it would be relatively simple to devise a process whereby a person could change their production site address if necessary and give notice thereof to Health Canada or any other government department or agency, including the police – wouldn't it?
90. If not, why not?
91. If an *MMPR* patient is unhappy with the product, such as the License Producer being unable to produce a strain that works for them, or the product is otherwise ineffective, apart from complaining to the Licensed Producer the patient will have

to re-attend on his medical practitioner to obtain a new medical document in order to attempt to access medicine from a different Licensed Producer, is that correct?