

**Response to Marc Dalton, MLA, Maple Ridge–Mission Re why Fair PharmaCare does not cover medical marihuana:**

- Not all drugs are covered by PharmaCare. PharmaCare covers a drug only if it has a proven record of safety and effectiveness. For more details on the PharmaCare coverage decision process see <http://www.health.gov.bc.ca/pharmacare/decision.html>.
- Marihuana (cannabis) is an unregulated substance of unknown and variable quality and potency, and with modes of consumption for which there is limited rigorous scientific evaluation of safety and efficacy.
- The first step in the PharmaCare coverage approval process is that a drug must be approved by Health Canada.
- Marihuana has not been approved as a drug by Health Canada. Their position is that “while there are some potential benefits to medical use of marihuana, current scientific evidence does not establish the safety and efficacy of marihuana (cannabis) to the extent required by the Food and Drug Regulations for marketed drugs in Canada.”  
(<http://www.hc-sc.gc.ca/dhp-mps/marihuana/about-apropos/index-eng.php>).
- The Government of British Columbia’s position on the regulation of and providing access to cannabis for therapeutic purposes is that this is a federal responsibility. This position is based on:
  - the federal policy of cannabis prohibition as spelled out in the federal *Controlled Drugs and Substances Act*;
  - the Supreme Court decisions requiring the federal government to provide access to cannabis for patients with medical conditions;
  - the subsequent federal Marihuana Medical Access Regulations which currently regulate the federal Marihuana Medical Access Program (the Program); and
  - the recently announced (June 19, 2013) Marihuana for Medical Purposes Regulations which also federally regulate the Program now, and in the future.
- See <http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php> for more information about the Program and new regulations.
- Questions and concerns about the Program can be directed to:

Marihuana Medical Access Program  
Health Canada  
AL: 0300A  
Ottawa ON K1A 0K9  
Email: [mmap-pamm@hc-sc.gc.ca](mailto:mmap-pamm@hc-sc.gc.ca)  
Telephone: Toll-free at 1-866-337-7705  
On the Web: [Medical Use of Marihuana](#)

**DISTRICT OF MISSION**  
**MEDICINAL MARIHUANA GROW OPERATIONS AFTER MARCH 31, 2014**  
**UBCM 2013 – FACT SHEET**

**ISSUE**

The federal Marihuana Medical Access Program (MMAP) will be changing as of April 1 2014 such that all personal and designated production licenses are to be terminated. The District of Mission (the District) is concerned that currently licensed producers may continue to grow illegally, posing health and safety concerns, and enforcement resourcing issues for the District.

**KEY FACTS**

Health Canada recently announced new Marihuana for Medical Purposes Regulations (MMPR) to come into effect on October 31, 2013, which will operate alongside the existing Marihuana Medical Access Regulations (MMAR) until March 31, 2014, at which time the MMAR will be repealed. A key feature of the new regulations is that personal or designated production will no longer be allowed as patients will be expected to obtain their cannabis from growers licensed by Health Canada.

MMAP is a federal program. A British Columbia inter-ministry working group provided feedback to Health Canada on the draft of the proposed MMPR. Some of the BC concerns were addressed in the revisions but outstanding concerns remain, including:

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- Potential cost pressures due to paying physicians for additional office visits.
- Challenges for staff in health facilities to accommodate patient requests to use cannabis.
- Uncertainty about how health practitioners will be educated and how patients will be provided advice and guidance on the use of cannabis, e.g., indications, contraindications, how to use, options for use, different strains, different preparations, cautions, and side effects.
- Inability of some program participants to afford market prices or grow their own supply and subsequent pressures on the province to pay for cannabis as a health care benefit.
- Removal of a legal option for individuals to grow cannabis raises the issue of criminalization of patients who grow their own if they cannot afford private cannabis, and consequent health impacts of illegal production, arrest, and incarceration.
- Lack of research about the therapeutic effects of cannabis used for medical purposes on both individuals and populations, and lack of an evaluation of the MMAP.
- Inability to track patients who obtain authorization, leading to the potential for individuals to obtain multiple authorizations and purchase from multiple producers.

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With respect to the District's concerns, patients and designated producers have been advised that all dried marihuana produced under a production licence must be destroyed, and they must destroy their plants or transfer them to a licensed producer by March 31, 2014. Health Canada will not be providing municipalities with lists of current private production sites, and have advised currently licenced private producers that the production of marihuana in homes beyond March 31, 2014, is illegal and may result in law enforcement action.

## **BACKGROUND**

The federal MMAP was implemented in 1999 following a court decision that Canadians have a constitutional right to cannabis for therapeutic purposes.

Under the MMAP, those wanting authorization to possess cannabis submit an application to Health Canada, including forms filled out by a physician providing a declaration of medical indications and the proposed amount. Successful applicants can purchase cannabis or seeds from Health Canada, apply for a personal-use production license to produce their own, or apply to have someone grow it for them with a designated-person production license.

BC has the most valid authorizations of any province: 13,362 (48 percent of Canada) as of December 31, 2012. (9,369 are for personal use production, 2,232 for designated production, and 1,761 for simple authorizations to possess<sup>1</sup>.)

On June 17, 2011, Health Canada announced proposed changes to the MMAP to address ongoing limitations regarding access to cannabis for patients; the risk of exploitation by criminal elements; the complexity and length of the application process; the need for more current medical information for physicians; and public health and safety risks associated with the cultivation of cannabis in homes. The changes include:

- Patients are to obtain authorization to possess cannabis from their physician, then submit this authorization directly to a licensed commercial producer to purchase cannabis at market set prices;
- Administrative categories of conditions or symptoms for which an individual may possess cannabis are eliminated, and would not be recorded on the authorization;
- Improved medical information will be produced;
- A new supply and distribution system for cannabis that uses only licensed commercial producers subject to quality standards would be instituted;
- Patients would no longer be permitted to grow their own cannabis or designate others to it grow for them; and
- Health care practitioners would be able to provide cannabis to a patient (for example, in a residential care setting where a patient may be unable to procure and administer cannabis to themselves), but not sell or otherwise profit from the provision of cannabis.

Based on feedback, Health Canada removed the two most problematic provisions from the proposed regulations (i.e. the ability for health practitioners to sell marihuana, and the ability for pharmacists to participate in the distribution of product).

## **CONTACT**

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## **APPROVALS**

Approved by: Arlene Paton, ADM, Population & Public Health – September 5, 2013

Approved by: Randi West, Director, Planning & Innovation; - September 6, 2013

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<sup>1</sup> Health Canada: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/stat/index-eng.php#a1>

**Bullets for Honourable Shirley Bond for UBCM Meeting with Powell River re Medical Marijuana- role of the province, social opportunities and challenges, economic driver**

- Marihuana (cannabis) is an unregulated substance of unknown and variable quality and potency, and with modes of consumption for which there is limited rigorous scientific evaluation of safety and efficacy.
- Marihuana has not been approved as a drug by Health Canada. Health Canada's position is that "While there are some potential benefits to medical use of marihuana, current scientific evidence does not establish the safety and efficacy of marihuana (cannabis) to the extent required by the Food and Drug Regulations for marketed drugs in Canada." (<http://www.hc-sc.gc.ca/dhp-mps/marihuana/about-apropos/index-eng.php>)
- The Government of British Columbia's position on the regulation of and providing access to cannabis for therapeutic purposes is that this is a federal responsibility. This position is based on:
  - the federal policy of cannabis prohibition as spelled out in the federal *Controlled Drugs and Substances Act*,
  - the Supreme Court decisions requiring the federal government to provide access to cannabis for patients with medical conditions,
  - the subsequent federal Marihuana Medical Access Regulations which currently regulate the federal program, and
  - the recently announced (June 19, 2013) Marihuana for Medical Purposes Regulations which also federally regulate the program now in the future
- See <http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php> for more information about the program or new regulations.
- Questions and concerns about the program can be directed to:
 

Marihuana Medical Access Program  
Health Canada  
AL: 0300A  
Ottawa, ON, K1A 0K9  
E-mail: [mmap-pamm@hc-sc.gc.ca](mailto:mmap-pamm@hc-sc.gc.ca)  
Telephone: Toll-free at 1-866-337-7705  
On the Web: [Medical Use of Marihuana](#)

# FACT SHEET

## MEDICAL CANNABIS

### ISSUE

Health Canada announced draft Marihuana for Medical Purposes Regulations (MMPR) in December 2012, and finalized them in June 2013. The new regulations will be come into effect on October 31, 2013, operating alongside the existing Marihuana Medical Access Regulations (MMAR) until March 31, 2014, at which time the MMAR will be repealed.

### KEY FACTS

An inter-ministry working group with representatives from the Ministries of Health; Justice; Social Development; Community, Sport and Cultural Development; Agriculture; and Environment - Climate Action Secretariat provided feedback to Health Canada on the first draft of the proposed MMPR in February 2013. Some of these concerns have been addressed in the revisions (i.e. the provision allowing health practitioners to sell cannabis, and the provision to include pharmacies as distribution mechanisms have been removed). Outstanding concerns remain, including:

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- Potential cost pressures due to paying physicians for additional office visits.
- Challenges for staff in health facilities to accommodate patient requests to use cannabis.
- Uncertainty about how health practitioners will be educated and how patients will be provided advice and guidance on the use of cannabis, e.g., indications, contraindications, how to use, options for use, different strains, different preparations, cautions, and side effects.
- Inability of some program participants to afford market prices or grow their own supply and subsequent pressures on the province to pay for cannabis as a health care benefit.
- Removal of a legal option for individuals to grow cannabis raises the issue of criminalization of those who grow their own if they cannot afford private cannabis, and consequent health impacts of illegal production, arrest, and incarceration.
- Lack of research about the therapeutic effects of cannabis used for medical purposes on both individuals and populations, and lack of an evaluation for the MMPR.
- Inability to track patients who obtain authorization, leading to the potential for individuals to obtain multiple authorizations and purchase from multiple producers.

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### FINANCIAL IMPLICATIONS

N/A

### BACKGROUND

The federal Marihuana Medical Access Program (MMAP) was implemented in 1999 following a court decision that Canadians have a constitutional right to cannabis for therapeutic purposes.

## FACT SHEET

Under the MMAP, those wanting authorization to possess cannabis submit an application to Health Canada, including forms filled out by a physician providing a declaration of medical indications and the proposed amount. Successful applicants can purchase cannabis or seeds from Health Canada, apply for a personal-use production license to produce their own, or apply to have someone grow it for them with a designated-person production license.

British Columbia has the most valid authorizations of any province: 13,362 (48 percent of Canada) as of December 31, 2012. (9,369 are for personal use production, 2,232 for designated production, and 1,761 for simple authorizations to possess<sup>1</sup>.)

On June 17, 2011, Health Canada announced proposed changes to the MMAR to address ongoing limitations regarding access to cannabis for patients; the risk of abuse and exploitation by criminal elements; the complexity and length of the application process; the need for more current medical information for physicians; and public health and safety risks associated with the cultivation of cannabis in homes. BC participated in a teleconference with Health Canada on September 19, 2011, and an in-person meeting on February 14, 2012. On December 15, 2012, the proposed regulations were announced, and have now been finalized. The changes include:

- Patients are to obtain authorization to possess and use cannabis from their physician, then submit this authorization directly to a licensed commercial producer to purchase cannabis at market set prices;
- Administrative categories of conditions or symptoms for which an individual may possess cannabis are eliminated, and would not be recorded on the authorization;
- Improved medical information will be produced;
- A new supply and distribution system for cannabis that uses only licensed commercial producers subject to quality standards would be instituted;
- Patients would no longer be permitted to grow their own cannabis or designate others to it grow for them; and
- Health care practitioners would be able to provide ("transfer"), but not sell or otherwise profit from the provision of, cannabis for therapeutic purposes (for example, in a residential care setting where a patient may be unable to procure and administer cannabis to themselves).

Based on feedback received, Health Canada removed the two most problematic provisions from the proposed regulations (including the ability for health practitioners to sell marihuana, and the ability for pharmacists to participate in the distribution of product).

BC government staff have identified a number of issues that may arise as the new MMPR is implemented and will be working to determine what actions may need to be taken to adapt to the regulatory changes at the BC and provincial/territorial level.

### APPROVALS

Approved by: Arlene Paton, ADM, Population and Public Health – June 19, 2013

Approved by: Kim Varas, Planning and Innovation Division – March 4, 2013

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<sup>1</sup> Email January 23, 2013, from Client Services, Bureau of Medical Cannabis, Health Canada.