

7 May 2021

Submission to the: Consultation on the guidance on personal production of cannabis for medical purposes

Delivered by email: cannabis.consultation@canada.ca

The Cannabis Economic Development Council (Council) represents the interests of a wide cross section of industry stakeholders including retailers, cultivators, and processors among other market incumbents and aspirants in south eastern British Columbia. The Council was formed in 2020 and collectively brings a broad and deep expertise in the cannabis sector, business development and policy transitions. We are grateful for the opportunity to participate in this consultation. We are pleased to submit our the response below, organized to align with the questions in the consultation and followed by our additional comments.

Consultation questions

1. Are the listed factors clear?

While the Cannabis Economic Development Council and its constituents (CEDC) find it is heartening to see that Health Canada is seeking to address the threat posed by the involvement of organized crime in the medical licencing system, the proposed approach places additional, yet unnecessary, barriers to medical cannabis access for those who rely on medical cannabis. Among the factors with which we are concerned:

Rather than treating all licence holders as likely to be involved in organized crime, it is important to recognize that statistics published by the federal government indicate that organized crime is involved with only a subset of those who hold medical licences. As a result, the CEDC feels that the proposed approach in this respect does not adequately target the threat posed by the involvement of organized crime in the medical licensing system and will inevitably imperil access to medical cannabis by those who most depend upon it.

The 2g / day threshold is very concerning for a number of reasons but primarily because it is not supported by medical or scientific data. The limits for each patient need to be tailored to their specific needs, based on the medical advice they receive and their own experience of quality of life factors. There should be no limit set on medical patients by Health Canada, as it the responsibility of licensed doctors who are required to determine what a valid prescription is for their patients and their medical needs. The CEDC is concerned that a large amount of scientific evidence showing that for certain illnesses, large doses of cannabis daily is a necessity, is not addressed in Health Canada's proposals with respect to these issues.. As such, the CEDC urges Health Canada to look beyond the prohibitionist approach to Cannabis in general and medical cannabis specifically and realize that there is a fundamental flaw when a patient with multiple sclerosis is faced with multiple barriers to access medical cannabis but can readily access morphine (i.e. heroin), and other opiates that are demonstrably more harmful than cannabis . See, for example the following to peer reviewed articles:

Lake S, Socías ME, Milloy MJ Evidence shows that cannabis has fewer relative harms than opioids CMAJ, 2020. PubMed

Lake S, Kerr T, Montaner J Prescribing medical cannabis in Canada: are we being too cautious? Can J Public Health, 2015. PubMed

2. Are there any additional factors that should also be considered?

The CEDC believes that the most important factor in the regulation of medical cannabis is that it be first and foremost regulated as medicine that is vital to the well-being of hundreds of thousands of Canadians. The criminal element present in the cannabis sector cannot determine how **all** licence holders are treated - this is not the case in any other sector, including tobacco, alcohol, and casinos.

The risk / benefit analysis needs to err on the side of improving the health and quality of life of Canadians. The CEDC is of the view that both medical and statistical evidence demonstrate that ensuring access to vital medicines, including medical cannabis, is a necessary component to improving the health and quality of life of Canadians. As such, Health Canada may want to consider withholding medical licences only when there is certainty that it is not for legitimate purposes

3. Do you have any comments on other elements of this document unrelated to the factors for consideration?

The CEDC continues to be concerned that the foundational approach to cannabis regulation in Canada, whether it is recreational or medicinal, is to continue to seek to restrict access to an extent that is not supported by medical and statistical evidence or the actual risk posed by the plant and its products

The CEDC urges Health Canada to focus on measures that will develop trust between the cannabis sector (both medical and recreational) and federal regulating agencies. We feel that collaborative partnerships with industry organizations such as ours will result in better public policy on cannabis.

The Trudeau government followed through on the promise to make recreational cannabis legal in Canada. This was a significant and progressive step forward in terms of health and social policy as well as economic development for which the government should be congratulated. Nevertheless, in the intervening 2.5 years, no real move has been made to enable more ready access to cannabis, by medical or recreational users, particularly for the highly sought-after cannabis that comes from craft producers. Our Council believes that oversight of the production of cannabis, particularly for craft cultivators, needs to be situated in an agency that is actually mandated to support the industry to flourish, such as Ag Canada.