



May 11, 2018

Members of the Standing Senate Committee on Social Affairs, Science and Technology
The Senate of Canada
Ottawa, Ontario
Canada, K1A 0A4

Subject: Bill C-45 Cannabis Act

Dear Honourable Members,

On behalf of the Canadian Cancer Survivor Network (CCSN), we thank you for the opportunity to provide this submission to your Committee's review of Bill C-45, *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts* (Cannabis Act).

The Canadian Cancer Survivor Network is a charitable organization of cancer patients, survivors, caregivers, families, friends, community partners and sponsors who work together to take action to promote the very best standard of care, support follow up and quality of life for patients and survivors.

CCSN works to ensure that patients and survivors can easily access tools to understand decision-making processes for positive change on issues critical to optimal patient care. We provide patients and survivors support to make a difference through working with others to take action on those issues. Lastly, we contribute to strengthening current knowledge of patients and survivors about cancer diagnosis, treatment, options and outcomes and to provide pathways in collaboration as means to ending disparities in patient care and treatment. For more information, please check our website at www.survivornet.ca.

OVERVIEW

CCSN regards this submission as unique in that it promotes the regulation of cannabis through the promotion of public health from a patient perspective. From a patient viewpoint, a public health approach consists of highlighting the importance of cannabis for medical purposes and subsequently acting on that importance by ensuring appropriate, evidence-based, and accountable policy decisions that not only promote the safety and health of the public but patients and survivors as well.

At the heart of this message is the need to address barriers to access for medical cannabis under the context of post-legalization of recreational cannabis. As will be discussed in this submission, there are a number of impediments to access medical users of cannabis face in receiving appropriate and timely access to treatment as well as education on its risks and benefits.

Current discourse on the legalization of cannabis has been majorly focused on promoting public health through addressing the risk of abuse by youth and young adults. Little has been said about the risk of misuse by patients, survivors and those affected by medical conditions, any of whom may resort to self-medication due to barriers with access.

As a result, CCSN views the analysis of Bill C-45 by the Committee as a vital opportunity to strengthen and resolve the current issues faced by the regulation for medical cannabis, under the *ACMPR*, and a forward-looking approach for the risks that may be overlooked in the legalization of cannabis for recreational use.

A Patient's Experience with Medical Cannabis

When Kelly Oliphant discovered he had prostate cancer in September of 2012 he knew it was going to change his life, but what he didn't expect, or plan for, was constant debilitating pain.

Kelly had his cancerous prostate removed and began a series of 33 radiation treatments. He began to experience discomfort that quickly grew to constant, extreme pain. The overly aggressive treatments had essentially destroyed the nerve endings in a belt stretching from hip to hip across Kelly's stomach. "It's like having sunburn on the inside, and it probably won't ever go away," Kelly says. The injury he received from his treatment meant that he couldn't do even the simple things that he loved anymore like working in the garden or tending to the local hockey rink.

To help with the chronic pain and get back some semblance of his life Kelly tried practically every conventional medicine available, but none seemed to work. "All I ever got was side effects," he says. After one medication caused his entire body to swell, a physician at the Cancer Clinic made a suggestion: medical cannabis.

Theresa had always held the belief that all drugs were bad, and for her cannabis was just another street drug. Due to a bias introduced in her childhood and through most of her life by media, government and popular culture, Theresa's response was perfectly natural.

Kelly got his prescription and ordered medical cannabis from CanniMed. He wasn't "stoned" as Theresa feared he might be. He was just... Kelly, and for the first time in years he felt better. Suddenly, Kelly was able to enjoy life again, to do the things he loved, like working in his garden.

"I saw what he was like, before and after," Theresa says. "Since he's been on medical cannabis it has really improved his life. I know now that this is medicine. I know the difference between medical and non-medical."ⁱ

Summary of Recommendations:

- 1) **The federal government must ensure the policy implementation of two regulatory approaches for cannabis for medical purposes and recreational use.**
- 2) **It is critical that health care professionals, patients, survivors, caregivers, families and other stakeholders are well-informed of the efficacies and side effects associated with the use of cannabis for medical purposes.**
- 3) **There are a number of barriers to access that CCSN would like the Committee to consider of utmost importance.**
 - a. **Legalizing other forms that medical cannabis may take.**
 - b. **The proposed excise tax on medical cannabis poses a financial burden on patients and conflates medical cannabis with recreational cannabis.**
 - c. **Issues with access under the current regulatory framework, the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*.**
 - d. **Enable pharmacy distribution.**
 - e. **Recognize medical cannabis as a drug under Health Canada.**
 - f. **Ensure supply for both markets, especially the market for medical cannabis.**
- 4) **Invest and support research and clinical trials on the use of cannabis for medical purposes.**
- 5) **Eliminate the stigma associated with the use of cannabis for medical purposes.**

CONTEXT

The use of cannabis for medical purposes is a growing practice both among patients to alleviate symptoms and side effects of their disease or chronic conditions, but also by the scientific research community, of which is an increasing interest and pursuit in the testing and exploration of the ways that cannabis can be used as a treatment in healthcare.

Medical cannabis is most commonly used to treat the side effects of these conditions: multiple sclerosis, spinal cord injury, spinal cord disease, cancer, HIV/AIDS, arthritis, epilepsy, inflammatory bowel disease, end of life care and insomnia.ⁱⁱ It is important to note that this is not an exhaustive list of symptoms or conditions for which cannabis may be authorized for use by a health care practitioner.

CCSN is concerned that many individuals who might benefit from medical marijuana are not able to have information and access it in forms specific to their medical needs. As a result, patients will attempt to access marijuana through recreational markets post-legalization and use it for medical purposes by self-medication. This possibility is enhanced when patients are not able to obtain prescriptions from their HCPs. In this situation, patients are in a hit-and-miss

situation, given that they have barriers to access to knowledge of or control over the THC level, and availability of patient-specific cannabis products in the recreational market.

RECOMMENDATIONS

1) The federal government must ensure the policy implementation of two regulatory approaches for cannabis for medical purposes and cannabis for recreational use.

CCSN supports the recognition of Bill C-45 for the need to have a separate regulatory approach to medical cannabis. Such a distinction addresses the various concerns Canadian patients have surrounding their health and wellbeing. CCSN insists that legislation must take a proactive approach in guaranteeing this distinction consistently across other regulatory frameworks and policy implementations.

Health Canada has reiterated that medical cannabis should be treated like other prescription drugs. In a report released by the Task Force on the Regulation of Cannabis and Bill C-45, they recommended that a separate and distinct regulatory approach for medical marijuana is needed in order to support patients who use cannabis for medical purposes.ⁱⁱⁱ Distinction between the two uses for cannabis is imperative for not only eliminating the stigma patients may feel in using cannabis for medical purposes but such recognition legitimizes the credibility of medical cannabis for treatment.

2) It is critical that health care professionals, patients, survivors, caregivers, families and other stakeholders are well-informed of the efficacies and side effects associated with the use of cannabis for medical purposes.

Medical cannabis is unique in Canada in that it has not gone through the rigorous health technology assessment (HTA) that all other drugs do through the pan-Canadian Oncology Review (pCODR) for oncology drugs or the Canadian Agency for Drugs and Technologies in Health (CADTH) followed by provincial/territory consideration and approval. Although research on the safety and efficacy of medical marijuana is being conducted, there are still many unanswered questions which often make it difficult for HCPs to prescribe medical cannabis and for patients to be certain that they are deriving therapeutic benefits from it.

As a way to address this knowledge gap on research, CCSN recommends that HCPs undergo mandatory and evidence-based training on medical cannabis. Furthermore, CCSN suggests for the medical community to build knowledge through networking, collaboration and information sharing among their community. Patients, survivors and other stakeholders, on the other hand,

must be provided the educational tools and resources to inform them of the risks and side effects associated with medical cannabis.

Research concludes that patients want information and education about using cannabis for medical purposes directly from their healthcare practitioners. However, these studies indicate that patients were more likely to get their information from sources outside the healthcare system.^{iv} This poses a high risk that is not being given more attention to as a concern for public health. In order to address this, CCSN believes that the federal government has an integral role in establishing educational and training resources for HCPs, patients and other stakeholders.

3) There are a number of barriers to access that CCSN would like the Senate Committee to consider of utmost importance.

a. Legalizing other forms that medical cannabis may take.

Under Bill C-45, the legal forms of cannabis sale are in dried flower or a blend, or in an oil form for congestion. What is not mentioned are the other forms cannabis can take, especially for medical purposes, such as sublingual strips, inhalers, edibles, and pills. Medical marijuana is easier for patients to have doses of in pill forms. Furthermore, taking medical marijuana through smoking forms often poses more health risks and adverse effects. Meanwhile, its alternative forms provide therapeutic benefits and are more effective in addressing disease side effects.

Stigma can occur if patients are required to smoke marijuana, given that smoking itself has rightfully acquired strong stigmatization of its own. CCSN believes that medical marijuana should be available in many forms so that patients can choose the format that best fits them and to which their illness responds.

b. The proposed excise tax on medical cannabis poses a financial burden on patients and conflates medical cannabis with recreational cannabis.

The Federal Budget of 2018 states that an excise tax will be applied to cannabis containing more than 0.3% of tetrahydrocannabinol (THC). This would also apply to medical marijuana, further impeding on barriers to access patients already face with this therapeutic alternative by increasing costs to such medical treatment.

The proposed excise tax removes the important distinction between medical use and recreational use of cannabis. This is in blatant contradiction to the recognition made by Health Canada that medical cannabis should be treated like other prescription drugs, as well as the fact that no other prescription drugs are taxed.

It is important to note that according to research conducted by the University of British Columbia's Institute for Healthy Living and Chronic Disease Prevention, participants who use medical marijuana spend an average of \$200 per month for their supply on top of other medical expenses. As a result, over half of the participants indicated that due to financial restrictions they are only able to afford just enough to alleviate their symptoms or less than their prescribed amount. For some, respondents stated that they often choose between purchasing medical marijuana or other necessities such as food, rent and other medicines.^v Evidently, the cost of medical marijuana itself pose financial challenges for patients already. Adding an excise tax on top of these expenses would only exacerbate the problem.

CCSN insists for there to be no excise tax applied to medical cannabis for it will only place harms on patients who use cannabis for medical purposes.

c. Issues with access under the current regulatory framework, the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*

The current regulatory framework allows access for medical cannabis either by mail order, by growing your own cannabis plants, or by designating an individual to grow for another individual(s). These place undue burdens on patients and limit their access to treatment in various ways. For instance, an issue with mail order is the time it takes to be delivered. In some cases, they may not arrive on time for patients who need medical cannabis on a daily basis and have run out of supply. This problem is exacerbated for rural communities who already face difficulties with timely and accurate mail service.

On the other hand, the option to grow your own is a barrier for many people who do not have any experience, aptitude or desire to grow, harvest and prepare medical marijuana for personal use. As the Senate Committee has also heard, growing your own is an issue for many landlords of rental properties.

Below, CCSN recommends enabling pharmacy distribution as a formal and existing regulatory framework for medical cannabis. Overall, CCSN believes that patients should have access to medical marijuana through a variety of distribution sources.

d. Enable pharmacy distribution

Pharmacies have the regulatory and operational capacity to function as a formal retail channel for medical cannabis through a prescription-based access. Pharmacies are an existing regulatory framework that ensures safety, security and access to information for patients and their medical history.

Pharmacies able to inform patients of possible drug interactions that medical cannabis may have with their medical profiles. Furthermore, such clinical oversight can also provide patients counselling and support services on issues and concerns patients may have on contraindications, allergies, dosing, and medical history, assessment of patient risk of substance dependence and misuse, and narcotic monitoring.^{vi}

Not only will pharmacies promote education on the application of cannabis for medical purposes, but pharmacy distribution will also increase affordability and access for patients much more so than the current regulatory system under *ACMPR*.

In order to enable pharmacy distribution, *ACMPR* must be amended to legalize this responsibility. Bill C-45 and other Acts will also need to be amended to ensure consistency with these changes in the law.

e. Recognize medical cannabis as a drug under Health Canada

CCSN urges the federal government to ensure that medical cannabis is authorized as a therapeutic product and that it is eligible for a drug identification number (DIN) to not only facilitate reimbursement by health insurance plans, but to also guarantee the credibility, track and record the dispensation of medical cannabis. Currently, the only pharmaceutically approved cannabinoids in Canada are Sativex (nabiximols) and Cesamet (nabilone). Considering the wide uses of medical cannabis, the availability of pharmaceutically approved cannabinoids in Canada are little to meet its demands.

Alternatively, the federal government can implement a standardized tracking number in order to achieve the intended goals of monitoring and accountability on the appropriate and intended use of the product. This can also build pathways for eligibility for coverage under private health plans.^{vii}

CCSN also suggests that the federal government promote the applications of drug review and approval process for prescription drugs containing cannabis and medical devices used for consuming cannabis for medical and/or therapeutic purposes in order to increase access to availability.

f. Ensure supply for both markets, especially the market for medical cannabis

There is a real threat that there will not be enough cannabis to meet the demands of both the medical and non-medical markets, as well as the threat that licensed producers will move towards supplying non-medical markets due to its larger consumer market. Furthermore, Bill C-45 proposes that it will be up to provincial governments to determine the availability of recreational cannabis and medical cannabis. These conditions signal reasonable concerns that

access and availability are projected to be a competition between the two markets of medical and recreational cannabis.

Therefore, CCSN strongly advises the federal government to ensure supply for both markets and that a wide choice of medical cannabis products is available for patients. As more research is conducted on the therapeutic effects of cannabis, the federal government needs to consider amending the potency limits on medical cannabis products and making this explicit distinction of potency limits from recreational use. This is because medical cannabis formulas may require varying potency levels in certain chemical properties, such as THC and/or cannabidiol (CBD), in which are also tailored to the patients' individual needs.

4) Invest and support research and clinical trials on the use of cannabis for medical purposes.

The lack of evidence of therapeutic benefits from medical cannabis and the lack of knowledge about appropriate strains and doses has inhibited many HCPs from prescribing medical cannabis. Patients themselves lack knowledge of the different types of medical cannabis being produced in Canada today. HCPs are neither informed nor educated about medical marijuana strains being developed to treat various medical conditions.

CCSN is concerned that many patients who may benefit from medical marijuana are not able to find doctors or other HCPs willing or able to prescribe it, even those HCPs working in areas where there is strong anecdotal evidence and some clinical evidence that medical cannabis has therapeutic value. Thus, CCSN recommends that investment and support in research and clinical trials be directed towards the study of cannabis for medical purposes.

A majority of scientists studying the medicinal effects and possibilities of cannabis argue that more information, research; and high quality and standardized clinical trials are still needed. They recognize that there are strong potentials in the use of cannabis for medical purposes.^{viii} For instance, there has been promising research conducted on the utility of medical cannabis for cancer in these five palliative indications: chemotherapy-induced nausea and vomiting, cancer-related pain, anorexia, insomnia and depression. Studies have also shown that cannabis does not have carcinogenic effects nor is it correlated to the development of cancers in humans.^{ix}

5) Eliminate the stigma associated with the use of cannabis for medical purposes.

The illegality and subsequent stigma attached to marijuana has influenced how Canadians think about medical marijuana, including those people who may benefit from medical cannabis products. This poses an access impediment to individuals who may benefit from medical cannabis products but who are reluctant to raise the issue with their health care provider

(HCP), ask for a prescription from their family doctor or other HCP, or fear recriminations from family members.

Ensuring two distinct systems for medical cannabis and recreational cannabis, and maintaining this consistency across all regulation, eliminates the stigma associated with the use of cannabis for medical purposes and also enhances the pathways for research, innovation and education on medical cannabis.

CONCLUSION

CCSN is grateful for the opportunity to shed light on matters pertaining to access, availability and affordability of cannabis for medical purposes. We look forward to engaging in dialogue on these issues with the Senate Committee, patient groups and other stakeholders.

ⁱ “Kelly & Theresa – Overcoming the Street Drug Stigma,” *Canadian Cancer Survivor Network*, available at: <http://survivornet.ca/learn/health-concerns-for-cancer-patients/medical-cannabis/patient-stories/>.

ⁱⁱ <https://www.canabomedicalclinic.com/10-common-conditions-medical-cannabis-prescribed-for/>

ⁱⁱⁱ “A Framework for the Legalization and Regulation of Cannabis in Canada The Final Report of the Task Force on Cannabis Legalization and Regulation,” *Health Canada*, 30 November 2016 at 49-50.

^{iv} Steven A. Pergam et. al, “Cannabis Use Among Patients at a Comprehensive Cancer Center in State With Legalized Medicinal and Recreational Use,” *Cancer* vol. 123, no. 122, 2017 November 15 at 4493.

^v Lyne Belle-Isle et. al, “Why medical marijuana should be exempt from sales tax,” *The Globe and Mail*, 5 April 2016, available online” [https://www.theglobeandmail.com/report-on-business/rob-commentary/why-medical-marijuana-should-be-exempt-from-sales-](https://www.theglobeandmail.com/report-on-business/rob-commentary/why-medical-marijuana-should-be-exempt-from-sales-tax/article29511232/comments/%7B%7Burl%7D%7D/%7B%7Burl%7D%7D/?reqid=%7B%7Brequest_id%7D%7D)

[tax/article29511232/comments/%7B%7Burl%7D%7D/%7B%7Burl%7D%7D/?reqid=%7B%7Brequest_id%7D%7D](https://www.theglobeandmail.com/report-on-business/rob-commentary/why-medical-marijuana-should-be-exempt-from-sales-tax/article29511232/comments/%7B%7Burl%7D%7D/%7B%7Burl%7D%7D/?reqid=%7B%7Brequest_id%7D%7D). See also Philippe Lucas et. al, “Substituting cannabis for prescription drugs, alcohol and other substances among medical cannabis patients: The impact of contextual factors,” *Drug and Alcohol Review*, 14 September 2015, vol. 35, no. 3, 326-333.

^{vi} This position largely echoes the recommendations made by the Neighbourhood Pharmacies of Canada in their submission to the Senate Committee on Bill C-45. See: Neighborhood Pharmacy Association of Canada, “Health Canada Cannabis Legalization and Regulation Secretariat Submission,” 19 January 2018, available at: https://sencanada.ca/content/sen/committee/421/SOCI/Briefs/NeighbourhoodPharmacyAssocOfCda_e.pdf.

^{vii} *Ibid*. This recommendation has been pursued by the Neighborhood Pharmacies of Canada and we support their active advocacy on the policy consideration of pharmacies as primary distributors of medical cannabis.

^{viii} See Ilit Turgeman MD and Gil Bar-Sela MD, “Cannabis Use in Palliative Oncology: A Review of the Evidence for Popular Indications,” *The Israel Medicine Association Journal* vol. 19, 2017 February, 85.; Daniel W. Bowles et. al., “The intersection between cannabis and cancer in the United States,” *Critical Reviews in Oncology/Hematology*, vol. 83, 2012, 1.; M.A. Ware, “Cannabis and cancer: toward a new understanding,” *Current Oncology*, vol. 23, no. 2, 2016 March, S5.

^{ix} Daniel W. Bowles et. al., “The intersection between cannabis and cancer in the United States,” *Critical Reviews in Oncology/Hematology*, vol. 83, 2012 at 2-3.