# British Columbia Compassion Club Society

## Response to Health Canada's Proposed Medical Marijuana Access Regulations

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## Medicinal Cannabis Cultivation Recommendations and Information

Dated: May 4th, 2001

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# Introduction

The British Columbia Compassion Club Society (BCCCS) greatly values this opportunity to offer input into the future regulations of medicinal cannabis. In our four years of experience with the practical application of medicinal cannabis distribution, we have gathered much information regarding all aspects of cannabis. We are pleased to share our experience and knowledge toward the creation of a compassionate and rational regulatory framework.

We support and echo the recommendations of The Vancouver Island Compassion Society. This document will go beyond critiquing the draft regulations. Our recommendations are based on a consideration of the fundamental premises and goals of the proposed regulations.

The BCCCS recognizes that many facets of society and branches of government will need to be involved in the legal transition of medicinal cannabis and have taken this into consideration in the development of these recommendations.

# Recommendations

Medicinal cannabis should be accessible and available in a similar manner to other medicinal herbs. Cannabis is a non-toxic and highly effective medicinal herb that can be safely self-prescribed, and its dosage safely self-titrated. Cannabis does not require the same precautions that other potentially toxic and harmful pharmaceutical medications require.

The draft regulations propose to highly regulate medicinal cannabis, requiring the creation and maintenance of an unnecessary bureaucracy. The bureaucratic authorization process proposed is far more extensive, expensive, and difficult to administer and enforce than regulations for any other drugs or natural medicines. Cannabis simply does not warrant the restrictive and invasive procedures being proposed. The proposed regulations are akin to shooting a fly with a cannon, the cannon will do far more damage than the fly ever could. For example a person with Epilepsy would have to try or at least consider undergoing a lobotomy in order to comply with the proposed regulations.

Our membership and the broader medicinal cannabis community have informed us of what they are hoping for in terms of government involvement and the ultimate outcome of the legalization of medical marijuana within the healthcare system. Thus the goals of these recommendations are to develop a regulatory framework that will:

1) Allow those in medical need to access cannabis without fear of legal repercussion
2) Facilitate easy and timely access to cannabis
3) Financially support patients in accessing their supply of medicinal cannabis, as they are now supported in their access to other prescription medications
4) Remove the stigma and ignorance associated with cannabis use

# *1. Authorization to Possess:*

## Recommendation of Health Care Practitioners

Cannabis is an herb; therefore the authorization to recommend access should be given to those health care practitioners most experienced with herbal medicines. Authorization to recommend cannabis use must not be limited to allopathic physicians. Other healthcare providers, such as clinical herbalists, naturopathic doctors, and doctors of traditional Chinese medicine, are trained in the clinical application of herbal medicines and must also have the authority to recommend access to cannabis.

The requirement to involve a medical specialist in the authorization of possession of medicinal cannabis is unjustified, unfounded, unrealistic and punitive. It negates timely and easy access, and places an unjustified burden on both the patient and the HealthCare system. Many patients already wait from nine months to a year to see a specialist. This means that those waiting for authorization to access medicinal cannabis may be on hold for upwards of a year. This is an inhumane wait to force upon those in dire medical need. In addition, it will unnecessarily exacerbate already extensive waiting lists for specialists, meaning those in genuine need of the specialists will unduly suffer.

## Confirmation of Diagnosis

There are many conditions and symptoms for which the efficacy of cannabis use has been proven through copious amounts of anecdotal evidence and historical use. Recently, a limited amount of unbiased research has been conducted to determine the efficacy of cannabis use for specific conditions and symptoms.

Many healthcare practitioners will continue to be hesitant to recommend cannabis due to the legal and social stigma surrounding it. This reluctance will unduly restrict access to medicinal cannabis.

Therefore any patient who has confirmation of any condition or symptom for which there is sufficient anecdotal or scientific evidence for cannabis as an effective treatment should have the right to choose to utilize medicinal cannabis within the health care system without requiring further authorization. These conditions and symptoms include, but are not limited to:

- HIV/AIDS
- Cancer
- Fibromyalgia
- Multiple Sclerosis
- Seizure Disorders
- Chronic fatigue
- Chronic pain
- Severe weight loss
- Raised intra-ocular pressure
- Severe nausea
- Migraines
- Hepatitis C
- Crohn's Disease
- Anorexia and other eating disorders
- Stress and Anxiety Disorders

There are several treatments that may require access to cannabis, regardless of the condition for which the treatment is being applied, as a complement or to deal with their side effects. For example:

- Chemotherapy
- Radiation
- Morphine prescription

There are many conditions and symptoms for which there are over-the-counter medications available to Canadians for self-prescription and self-titration. If these regulations are to meet the criteria set forth by The Ontario Court of Appeals, specifically that they do not unduly restrict the availability of marijuana to persons which may receive health benefits from its use, a person should have the right to choose cannabis as a safe and reliable alternative to, and as their first treatment choice for conditions and symptoms treatable with over-the-counter medications, such as:

- Headache medications
- Sleeping Pills
- Appetite medications
- PMS medications
- Muscle Relaxants
- Anxiety medications
- Digestive Aids
- Stimulants (e.g. caffeine pills)

Cannabis is an herbal medicine that meets the criteria for over-the-counter medicine. It is up to the public to decide for what purpose they will use it. If there is a need for healthcare provider input during this transition phase it is up to the patient, on the recommendation or confirmation of diagnosis from her healthcare provider, as to whether or not she will use if for any particular illness. In other words, if cannabis is to be regulated within the healthcare system, it is a healthcare decision and it is inappropriate for the government to limit its use. A more suitable role for the government is to investigate its benefits and risks and to provide appropriate information to consumers and healthcare providers

# *2. Access and Production*

Once a patient has obtained a recommendation from their Health Care Practitioner, or has obtained a confirmation of diagnosis for an approved condition or symptom, they may obtain their medicine from the source of their choice without the additional unnecessary delay and proposed cost of government approval.

## Self-Production

Those who are physically able, and choose to grow for them selves may require financial support for the acquisition of the necessary equipment. People who grow for them selves can grow within the approved production guidelines (see Cultivations Recommendations) without further authorization.

## Third Party Production

The majority of patients are not able to grow for themselves, due to physical disadvantages, lack of financial resources, or shortage of appropriate space. Therefore many will be forced to rely on a third party grower.

The proposed inspections would be extremely invasive and infringe on personal rights, as inspectors will be authorized to:

- Have total access to one's home
- Open any container that could contain cannabis
- Examine and copy computer systems and records
- Seize and retain any substance found

These factors will dissuade many producers from consenting to an inspection, or even agreeing to produce for a patient. Many more growers will consent to inspections and be willing to support those in medical need if Health Canada focuses on safety and health issues rather than invasive, costly, and unnecessary policing.

As with people growing their own medicine, anyone appointed as a third party grower should be able to grow within the production guidelines without further authorization.

## Criminal Background Check

The draft regulations propose to exclude any person who has a criminal record of a cannabis-related offence from being a licensed grower. The exclusion of those Canadians who have experience with cannabis is extremely counter-productive. A novice cannabis grower will go through an expensive and time-consuming learning curve before she is able to produce cannabis efficiently. This learning curve will result in a financial burden to the patient, and will extend the period of time until harvest. Those who have been convicted and have served their sentences have already received their punishment. There is no need for them to be further discriminated against. The production of medicinal cannabis is an opportunity to contribute to society, the economy, and to create meaningful employment for Canadians.

## Economy of scale

Restricting one address to grow for only three patients creates unnecessary limitations on the potential for economies of scale. A cannabis grower with some experience is in the position to cultivate a consistent, high quality supply. Production is more affordable if the costs are spread between a greater numbers of patients.

### Safety and Knowledge

All producers, users and distributors of medicinal cannabis must have access to a laboratory that can test for molds, mildews, fungi and spores, harmful bacteria, yeasts, chemical residue, pesticides, fungicides, heavy metals, and cannabinoid profiles.

Many patient and third party growers will require the assistance of a resource person to ensure safety and to assist with cultivation techniques that will produce high quality medicinal cannabis.

## *3. Education*

A well-funded and extensive education program would be an effective use of government resources. Education is an essential aspect of the legitimization of medicinal cannabis. Education will remove the stigma associated with cannabis and create an informed environment in which patients, healthcare providers, law enforcement personnel, government officials and the public, can make effective and informed decisions regarding cannabis. Educational content should include:

- Conditions and symptoms benefited by cannabis
- Cannabis' use as a harm reduction tool for addictions
- Recent court findings pertaining to the minimal harm of cannabis
- Harm reduction techniques
- Options for modes of ingestion
- Safe and effective cultivation techniques
- Effects of cannabis varieties
- History of cannabis prohibition
- Avenues available to access cannabis

## *4. The Role of the Police and Justice System*

The role of the police in the new regulatory framework must be redefined. Presently the police conduct raids on production sites by obtaining a search warrant. Neither the investigating officers nor the Justice of the Peace who authorize the search warrant are empowered to determine medical necessity before conducting the raid. It is the responsibility of the judicial system to determine medical necessity after the fact. During this process the patients' medicine is seized, their expensive equipment destroyed, the respect of their neighbors replaced with judgment, and their livelihoods threatened. This happens to medical cannabis users

regularly. Even those holding a Section 56 Exemption are subject to a bust. Some patients will not grow at home, not for lack of ability or resources, but because they are afraid of the police. No one wants their children exposed to a war zone in their home.

Similarly, police confiscate cannabis from medicinal users. The cost of replacing confiscated medicine represents an intolerable financial burden to medical users, most of who live on a very low income.

During the transition period, while all concerned parties are becoming informed of the new regulatory framework, police discretion will be essential. The police and justice system need to be empowered to use their discretion to carefully establish if the production site or quantity of cannabis in question is intended for medical purposes, before conducting a raid or confiscating cannabis. This is the case particularly with small personal quantities or production sites. Larger medical supply operations that have obtained permits or licenses can also operate undisturbed. Such rational measures will greatly reduce the current burden on both the police and judicial system freeing resources to be utilized for the benefit of a safe society for all its members. Police must recognize that an absence of paperwork does not mean illegitimate cannabis use. It will take some time for all medicinal cannabis users and supportive healthcare practitioners to 'come out of the closet'.

# *5. Whole Plant Medicine versus Synthetic Pharmaceuticals*

In the introduction to the proposed regulations, pharmaceutical products are mentioned several times as a final objective. While it is evident that synthetic cannabis is of great interest to the pharmaceutical industry, those interests cannot supercede the interests of the already existing and flourishing natural medicine industry that employs many Canadians.

It is crucial that medicinal users of cannabis continue to have the choice to use whole plant medicine, and are not forced to use isolated or synthetic versions of the medicinal ingredients in cannabis. The members of the BC Compassion Club Society and many of those holding Section 56 Exemptions have reported that when taking synthetic versions of the active ingredients of cannabis in pharmaceutical drugs, the negative side effects can be tremendous and the relief minimal. Many people simply prefer to use natural healthcare products. The right to choose whole plant medicine must be defended as an essential healthcare choice.

# Future Considerations

## *Distribution Centers and their Supply*

Many patients are not able to grow on their own, nor do they have a feasible option for a third party grower. Most patients require immediate access to medicinal cannabis, and others only require access for a limited period of time. Health Canada has begun to address these issues by developing a supply from the Prairie Plant System Inc.

The medical cannabis community is very concerned that the only consistent supply available will be limited to this one government approved producer. A free market with various producers licensed to supply distribution centers would most benefit the end consumer. Licensed production sites would be registered with the local police to ensure protection and inspected regularly to ensure they are growing within the safety standards. Competition will increase quality, broaden selection, and decrease the end cost of the medicine. Non-profit community-based distribution centers, supplied by a variety of producers, will ensure the medicine available to patients is competitively priced and has the wide variety of strains and strengths necessary. This is only possible through the utilization of the plethora of knowledge and genetics hidden within the medical cannabis community. Such a system will include many of the currently underground established growers, thus normalizing, legitimizing and protecting the livelihoods of many Canadians.

# Conclusion

The BCCCS commends Health Canada for taking the first steps toward creating a functioning and effective regulatory framework. The first draft of the proposed recommendations requires the creation and maintenance of an unnecessary and expensive bureaucracy. Our aim is to assist in the development of regulations that will not only meet the requirements set forth by the Court of Appeals of Ontario, but will also empower patients and healthcare practitioners to utilize this effective herbal medicine in a supportive, safe and informed environment. Thank-you for considering our recommendations.

British Columbia
Compassion Club Society

# Medicinal Cannabis Cultivation Recommendations and Information

Dated: May 4th, 2001

# Introduction

The following information is intended to assist Health Canada with establishing an effective system to regulate medicinal cannabis cultivation. This information has been gathered through extensive consultation with medicinal cannabis growers.

# Cultivation Recommendations

**1**. If a medicinal cannabis user is allowed to flower with twelve, 1000 watt lights once per year or four 1000 watt lights 3 crops per year (or any equivalent amount of wattage) they would have the ability to create a consistent personal supply of medicine, with an allowance for failure rates.

**2**. Restricting the amount of plants in vegetative growth is unrealistic, as patients will require an undeterminable number of seedlings and/or clones for their crop.Therefore the plants in this stage should be unregulated.

**3**. If a patient requires more cannabis than they can produce with four lights per crop, or one crop with twelve lights, they may apply to Health Canada to become registered.

**4**. Health Canada needs to have extensive information available to medicinal cannabis users on the following:

- Cultivation techniques
- Safety procedures
- Health concerns in cultivation and ingestion
- Detailed growing information on individual strains
- Strain-symptom correlations

The BC Compassion Club is able to provide much of this information.

**5**. Compassion Clubs should be licensed to produce and distribute clones and seeds to medicinal cannabis users. We have the capability to hold many varieties, learn their cannabinoid profiles, and amass anecdotal data regarding the symptom-strain correlation.

**6**. Compassion Clubs should be immediately empowered to select growers to be licensed to supply patient needs through Compassion Club. This that is the route through which those with exemptions and recommendations are presently obtaining their cannabis.

**7**. Compassion Clubs, their suppliers and members should be granted immediate immunity from arrest and prosecution.

**8**. Standards for testing at laboratories should include levels of:

a. Molds, fungi, mildews and bacteria
b. Chemical residue from pesticides and fungicides
c. Heavy metals

# Cultivation Information

## Terminology

**Vegetative growth**: 16-24 hours light

**Flower growth**: 12 hours of light

**Indica**: Broad short leaves, approximate height 2-4 ft, sedating effect

**Sativa**: Narrow long leaves, approximate height 5-10 ft, stimulating effect

**Clone**: Cutting taken from a mother plant creating an identical genetic copy

**Brackets**: Seed pod-create bulk of weight

**Hermaphrodite plant**: A plant containing both male and female flowers

**Hermaphrodite seeds**: A seed coming from a hermaphrodite plant which has fertilized itself from its male flower

# Comparisons of Strains Produced Indoors

Creating a regulatory system based on limiting the number of plants allowed will prove to be near impossible. One could grow a higher number of smaller (lower producing) plants, or a lower number of larger (higher producing) plants, and the quantity of cannabis harvested will be equivalent.

## These production estimates are based on:

- 1000watts / 4 square meters
- Light bulb has had no more then 4500 hours of previous use
- Weight is calculated only with dried manicured flower tops
- Soiless mix or hydroponic drip system feeding with a nutrient containing 550 ppm nitrogen
- High quality and clean growing conditions
- High production estimates are achievable only with an experienced, quality grower

## Comparison of Indica and Sativa

- Purest Indicas have very few brackets and more foliage; therefore the buds they produce are larger and less dense then Sativa buds.
- Purest Sativas have many brackets and less foliage; therefore the buds they produce are smaller and denser then Indica buds.
- Comparing an equal size bud from a pure Indica and Sativa, the Sativa will weigh nearly twice as a result of the density.

## Production Estimates for Indicas, Sativas and Crosses:

<u>Pure Indica (66% Indica & higher):</u>
Average flower time 6-8 weeks
**High 340 grams**
**Average 227 grams**
**Low 180 grams**

<u>Pure Sativa (66% Sativa & higher):</u>
Average flower time 11-13 weeks
**High 340 grams**
**Average 227 grams**
**Low 180 grams**

<u>50% Indica - 50% Sativa:</u>
Average flower time 9-11 week
**High 700 grams**
**Average 455 grams**
**Low 355 grams**

## Outdoor Production

Due to the short growing season in Canada, Indica or Indica/Sativa crosses are the preferable strains for outdoor cultivation. These plants should be started indoors and planted outdoors by mid-June; they can be harvested in late September.

The typical outdoor plant will produce approximately 250 grams. Production may increase or decrease due to environmental factors such as: sunlight, rain, fertilizers, temperature, molds and the variety being grown.

## Seed vs. Clone

If one is using seeds, it takes 6 weeks to identify the males; the remaining females can then begin the flowering period.

A clone only needs to have 2 weeks in vegetative growth; therefore growing from seed will increase the time until harvest by 4 weeks.

One growing from seed will require twice as many plants in order to end up with the desired number of female plants; therefore the growing space required will be double for the vegetative stage of growth.

## Failure Rates

In a hydroponic or aeroponic system the water must be kept clean or bacteria, fungus, mold or algae can wipe out an entire crop overnight, or cause the plants to be so weak that harvest will be minimal.

In a soiless mix or healthy organic soil, the risk of algae, bacteria, or fungus affecting the whole crop is far lower; as the plants are separate from one another and the grow medium does not support the growth of algae, bacteria, or fungus.

## Based on 100 seeds

Seed Germination rates: 5-10% failure = 90 seeds
Sprouted seeds surviving transplanting: 20% failure = 72 seedlings
After sexing normal seed: 50% will be female = 36 female seedlings
If the room does not have a plague of mold, fungus, bugs, a failure rate of 1-2% is realistic.

## Based on 100 clones

Some strains will have a 100% success rate, while others will have only a 50% success rate, even in ideal conditions, the average failure rate is 25% during rooting.

During transplanting and through growth cycle a failure rate of 1-2% is realistic.

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