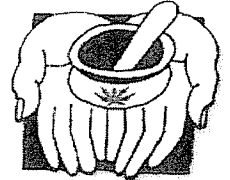
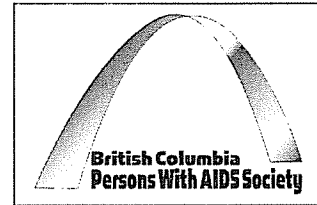


July 25, 2005

The Hon. Ujjal Dosanjh, P.C., M.P.

House of Commons
Parliament Buildings
Ottawa, Ontario
Canada
K1A 0A6



BC Compassion
Club Society

Re: Medicinal Marijuana Program

Dear Minister,

I am a Canadian citizen and I am concerned about the prevalent access problems to medicinal marijuana. Many people living with disabilities suffer from symptoms such as nausea, wasting, stress, musculo-skeletal problems, chronic pain and insomnia that are relieved with the use of medicinal cannabis. With these serious, even life-threatening side effects becoming more prevalent, the need for more effective complementary medicines such as marijuana for symptom relief are paramount.

I support the work of the BC Persons with AIDS Society, the BC Compassion Club Society and the recommendations to Marijuana Medical Access Division (MMAD) made by the Canadian AIDS Society (CAS). Among other things CAS notes, "The stigma attached to cannabis is a detriment to people living with HIV/AIDS who choose to use cannabis to alleviate their symptoms. The current regulatory environment, including the MMAD, is still unduly restrictive and hinders access to a safe, affordable, varied and reliable supply of cannabis for therapeutic purposes without fear of prosecution or discrimination for those who use it therapeutically." While I applaud the recent amendments to the laws, medical marijuana continues to be ensnared in access problems for Canadians living with disabilities.

These problems include:

- High cost to the licensed user associated with use of medical marijuana: Licensed users of medical marijuana remain personally responsible for the cost of their marijuana, without consideration of their ability to pay. If someone is authorized to use five grams per day, they require about five ounces per month, which can cost \$750 plus taxes through Prairie Plant Systems. In the province of BC, a person on disability benefits receives \$856 per month. Clearly the cost is prohibitive. For many people living with HIV/AIDS, some provincial programs exist that enable them to obtain social assistance or to obtain medication through a provincial catastrophic drug program, however, cannabis is not covered by any of these programs.
- The issue of quality of the cannabis produced by Prairie Plant Systems: There is sufficient reporting from end-users and patient advocacy groups to suggest the medicinal marijuana grown by Prairie Plant Systems for the Federal Government is at best a product of sub-standard quality and certainly therapeutically deficient.
- In consequence of having to deal with problems of quality and cost, Canadians living with disabilities are turning to acquiring their medicine through underground market sources, thus risking their safety and promoting criminal conduct. Many are also acquiring their medicine from compassion clubs, which offer high quality cannabis in a safe environment, but are forced to operate without legal sanction thus risking their liberty. Alternatively, some

- are opting to forego using cannabis, thereby adversely affecting their health and well-being.
- Concerns have been expressed regarding authorized licensed producers' privacy and safety in the event of a lost or stolen card. The full address of the applicant will be indicated on the Authorization to Possess, and of the producer on the Licence to Produce. There are also serious concerns about how the police will use the information regarding authorizations to possess and licences to produce that may be disclosed to them.
 - With General Practitioners now being signatories for MMAR application forms, the need to include physicians as stakeholders in this process is an important step in making this a coherent system.
 - The time to process applications is lengthy and patients can wait up to one year for a license. The requirement to return expired authorization and licence documents until new ones have been issued is also a hindrance to licensed users and restricts access to this needed medicine.
 - Licensed users who rent their domiciles face challenges regarding growing medicinal marijuana. There is a pressing need to enable a process which will make it possible for home owners or renters that are authorized to possess and/or licensed to produce cannabis for therapeutic purposes to secure insurance coverage. Currently, it is impossible to secure insurance coverage for loss of equipment, crops, or harvested cannabis in the event of a fire or theft, for example. Insurance companies may withdraw coverage for house insurance if they find out a homeowner is growing cannabis. Some have lost their homes or have been evicted from their homes as a result of this serious situation. Measures must be taken to ensure situations such as these are obviated.

Further research also needs to be done on medicinal marijuana and its strains as it applies to people living with HIV and symptom management. The problems addressed above need to be addressed and solutions found.

We strongly urge you to adopt an active, reactive, adaptive position with regard to the MMAR program and see the current changes you have made as a commendable first step in a longer process towards easier access to medical marijuana for Canadians living with disabilities. We urge you to involve stakeholders at all levels, from that of grassroots consumers, to professional institutions, to international bodies. Only a multi-sectoral approach can generate the considered and thoughtful policy proposals needed to help alleviate the stigma and discrimination still afflicting a medicine that was once fully criminalized.

Sincerely,

cc. College of Family Physicians and Surgeons, Canadian Medical Association, Canadian Nurses Union, Marijuana Medical Access Division, Lorne Mayencourt, Gordon Campbell, Libby Davies, Heddy Fry, Jenny Kwan, Colin Hansen, Val Anderson, Rob Nijar, Patrick Wong, Joy MacPhail, Ken Johnston, Gary Collins, Geoff Plant, Linda Reid, Greg Halsey-Brandt, John Nuraney, Patty Sahota, Richard T. Lee.