

The DIGNIFIED ACCESS INITIATIVE

A Unified Structural Approach

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Purpose: The purpose of this report is to assist the Federal and Provincial government in streamlining policies and regulation in regards to medical cannabis, and to increase access for patients in need.

Scope: The scope of this report is to smooth out policy while meeting this established need.

Background: It is important to note at this point that *any physician approving a Marijuana Medical Access Regulations (MMAR) exemption application attested to treatment failure of traditional medicine, and that conventional therapies had been tried and/or considered and had been found to be ineffective and/or medically inappropriate for that person.* In 2012 there were just under 40,000 Personal and Designated Production Licenses or "exemptions" across Canada. Over 8000 were in Ontario alone.

Benefits to Health Care and Patient Quality of Life

Those who have been able to access cannabis for health have reported:

- less pharmaceutical use, if not complete cessation
- less visits to the Doctor;
- a reduced burden on their provincial health care system;
- a reduction in dependence on social systems;
- improved health and wellness; and
- some have even regained their ability to attain gainful employment.

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Data: MCPAC has conducted two surveys of Canadians who use cannabis to treat themselves. Links to the results from these surveys can be found on our website.

The first survey was conducted in 2013, and all respondents had been successful in getting MMAR Authorization to use cannabis legally.

The second survey was done this year, received data from over 300 patients responding. The results were compiled and published to our site on April 20, 2015.

Data from both surveys has been included in this report. Data ranges used in the second survey have been equated at average values, with the top range equal to the lowest value in the range. We have been careful to use reasonable values, averages from the first survey were largely reduced by the second, and all raw data is available.

Points of Note:

- As of September, 2013, 79% of MMAR Authorizations either produced their own medicine legally or had a Designate doing it for them. Only 21% were purchasing it.

- In the second survey we asked about subsidized cost for pharmaceuticals vs. cannabis. Nearly 60% of respondents had over 50% of their pharmaceutical cost subsidized at a rate of 50% or higher, with 22% reporting 100% subsidy for that cost. Alternately, 96% of the respondents reported no subsidy of cannabis cost.

- When asked if health and quality of life had improved since starting use of Cannabis as a medicine, 91% reported it was ‘greatly improved’ or believe they are only alive because of it. Zero respondents said their health had worsened with cannabis use.

- The disparity in annual costs of medical cannabis between Medical Marihuana Access Program and the current Marihuana for Medical Purposes Regulations has created a problem of accessibility which did not exist previously. Under the old act, patients were able to have personal gardens, and, for patients with varying disabilities of modest means they were able to reasonably sustain themselves in their own medical cannabis through a personal garden, or, by designating someone to grow for them. Under the current regulations, those authorized to use medical cannabis must register with a licensed producer at a much more significant cost.

A comparison of the two systems shows a vast difference in cost to obtain the medicine.

MMAR (old act) cost to grow for self \$5,039.17

MMPR (new act) Cost to use licensed producer-\$38,866.79

Data Tables (see source list)

Canada SURVEY

Population - July 1, 2013: 35,154,300

AVERAGE Authorizations to Possess: 37,934

% Population Authorized under MMAR: 0.11%

How much Cannabis do you use/is prescribed for you per day? 9.5 grams/day (average)

Before you used Cannabis as a medicine what is the estimated cost of medication to treat your illness or injury? \$22,853.54

Nationally this is a cost of: \$866,926,186.36

How much were you charged to be legally licensed? \$233.15 (doctor fee)

Nationally this was a cost (paid to doctors) of: \$8,844,312.10

How many times LESS do you see a doctor in a year now? 32 (less visits than before cannabis)

Nationally this is a savings of: \$94,076,320.00

How much did your medicine cost this year? \$5,039.17

Nationally this is a cost of \$191,155,685.11

At an average market value of \$8.80/g, the annual cost from

a Licensed Producer for the average prescription is: \$38,866.79

Nationally this is a cost of: \$1,474,372,622.19

It is our view to propose possible solutions that provide reasonable access as directed by the Supreme Court of Canada in R.v. Smith for example.

<http://www.canlii.org/en/ca/scc/doc/2015/2015scc34/2015scc34.html?searchUrlHash=AAAAAQAJUiB2IFNtaXRoA AAAAAE&resultIndex=5>

Proposal 1

The government continues to restrict access to the use of cannabis as medicine, and covers all costs and responsibilities for the provision of cannabis medicines, as a medicine, under the federal and provincial formularies in each Province and Territory in Canada. In this regulation of provision, the government will also enable education about cannabis medicines and study of strain, dosage and applications of the medicine through patient led research and development, that is based on patient need, and which will also answer the requirements of the College of Physicians and Surgeons and the Canadian Medical Association in their requests for more research.

Proposal 2

Dignified Access through various means like a restoration and allowance of lawful personal gardens subject to inspection and regulation, through an integrated healthcare strategy under provincial management. A program that allows reasonable access for people with significant and severe disabilities, to medical cannabis in line with the Supreme Court's intention, and thus, avoiding future costly litigation for the Government by smoothing out the unintentionally discriminatory regulations.

An integrated Federal/Provincial/municipal Program, which would mirror the one designed by CMCP and MCPAC in the unified proposal they present is what will meet the need expressed by at least 40,000 patients across Canada. In this model we propose A Harmonized Medicinal Cannabis structure; that with or without the authorized recreational use, will generate tax revenue, cut health care costs, create jobs, and lessen the tax burden for all Canadians while providing Dignified Access to those in need.

The access points in this United proposal use the already integrated government structures to facilitate and include; Personal patient gardens, community gardens and licensed producers and a regulated legal system that can manage the needs of their own community more efficiently and economically than through mass production and services seen with Licensed Producers. However there is a recognition for the market that

those Licensed producers service as well, in the design for service provision and the inclusion of dispensary and compassionate care models.

We propose an annual licensing fee of 200.00 which would cover all costs of inspection and administration.

Proposal 3

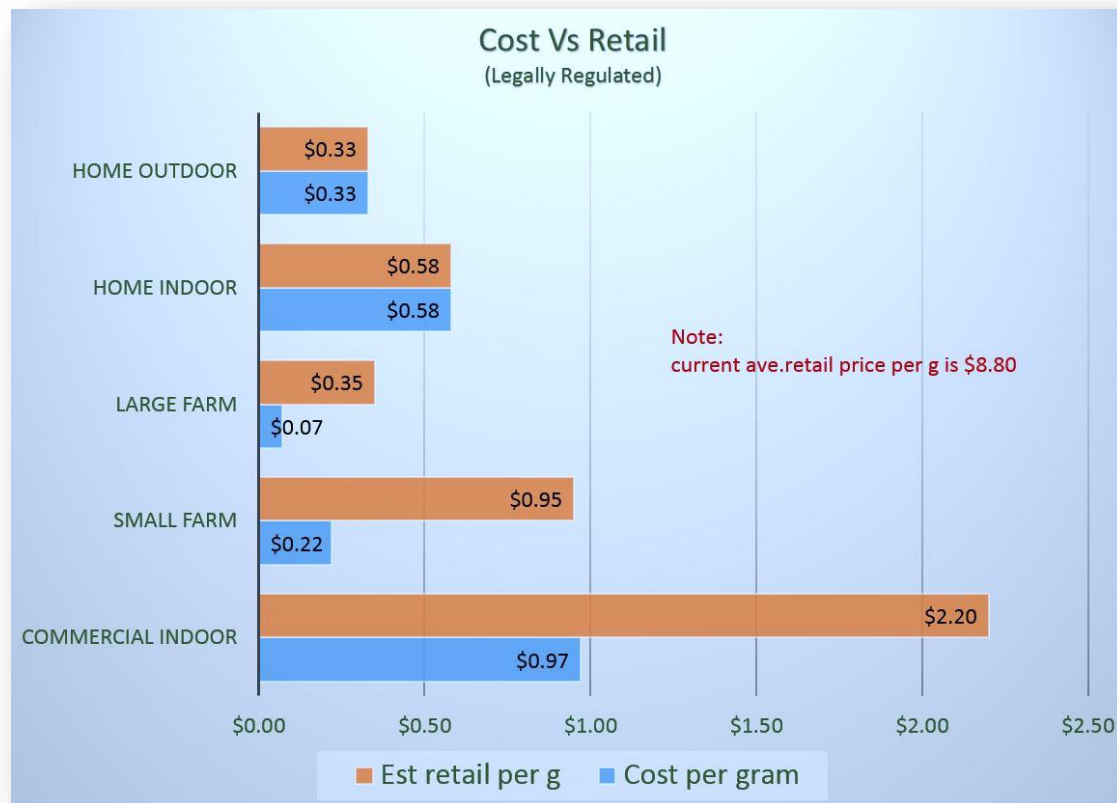
Dignified Access through a common sense approach of full legalization and removal of cannabis and its derivatives from the CDSA thus facilitating an open market system where all interested parties are able to participate in a regulated environment similar to current legislation regulating alcohol.

An integrated Federal/Provincial/municipal Program, which would allow for cultivation, processing, packaging and distribution in a controlled retail environment with quality standards enforced at all stages.

The access points in this regulated proposal would utilize the already integrated government structures such as the *Natural Health Products Regulations SOR/2003-196* and /or the *Food and Drug Regulations C.R.C., c. 870, B.02.001 Division 2, Alcoholic Beverages*.

The spirit of this regulatory structure would be to allow free market access to farmers, licenced producers (both large and small), retail distributors (gov. approved dispensaries) and home (personal use) production. Such a regulatory structure would allow free market forces to determine the market price for cannabis products that are affordable and safe for consumption and grant “tax free status” to medicinal users.

Ref. Cost Vs. Retail comparison analysis under a legally regulated environment.



It is our view that both the commercial model of licensed producers and personal gardens can co-exist contemporaneously under either a legally regulated medicinal access and / or a fully regulated system of legalization.

This proposal requests that the Province of Ontario and all provincial governments commit to designing and introducing a provincially regulated program that will give medical cannabis patients safe, dignified access to high quality medical cannabis, improve the patients' health and quality of life, and reduce the cost and harms associated with traditional pharmaceutical treatments, while improving outcomes in the province's health care system.

Conclusions

The ability of Canadians to have affordable Dignified Access to cannabis for health is showing itself to hold vast potential economic benefit to our country. In Canada, the provinces are largely responsible for the cost of health care, disability benefits, social and support services, and subsidy plans for pharmaceuticals. The burden on taxpayers can be lightened, if approached in an enlightened manner.

The Supreme Court of Canada has now ruled in *R. v. Smith* that Canadians have a Constitutional Right to use medical cannabis in any form that works best for them. They also made it clear that they believe cannabis should stay on the Controlled Drugs and Substances Act (CDSA). The only conclusion this leaves is the need for a "harmonized regulatory" model that will provide equal and affordable access to all who have established medical need for medical cannabis anywhere in Canada.

In an effort to advance on our common goal the Canadian Medical Cannabis Partners (CMCP) and the MCPAC have published a Dignified Access Initiative proposal, which includes the Harmonized Medicinal Cannabis Program (HMCP) that we believe, when developed in conjunction with the "Proposal to implement a medical cannabis program for Ontario" and all provinces and territories, this proposal will meet the needs of all Canadians equally. We believe that uniting with other NPOs, from both federal and provincial sectors, in 'The Dignified Access Initiative' we can achieve a workable, affordable program that can be applied equally across the country and provide Dignified Access for all.

Visit the DIGNIFIED ACCESS INITIATIVE site to keep up with our projects, goals and progress.
(<http://dignifiedaccess.mcpacanada.org>)

Source List:

<http://www.mcpacanada.org/index.htm>

http://www.canadianmedicalcannabispartners.ca/Home_Page.html

<http://dignifiedaccess.mcpacanada.org/docs/CMCPprop.pdf>

<http://dignifiedaccess.mcpacanada.org/docs/hmcp.htm>

Data Tables: http://dignifiedaccess.mcpacanada.org/docs/Economic_Impact_Analysis.pdf

Municipal Presentations: Peterborough: http://www.canadianmedicalcannabispartners.ca/Where_We_Come_From.html

Food and Drug Regulations (C.R.C., c. 870): http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._870/page-55.html#h-52

Natural Health Products Regulations SOR/2003-196: <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2003-196/page-1.html>