

August 18, 2017

Submission to the Standing Committee on Health

Over the past year NICHE has continued to work with industry and community leaders across Canada and this submission reflects these discussions as well as lessons learned from other jurisdictions. While we have provided recommendations on some of the major challenges Canada faces in the continued evolution towards legalization the one issue that remains at the forefront of our concerns is the need for the federal government to support increased dialogue and collaboration between governments, public institutions, industry and the public.

The recent statements by the Council of the Federation and the recommendations of the federal Task Force on Cannabis Legalization and Regulation called on the federal government to provide the necessary leadership and support for greater cooperation and information sharing between governments, industry and the public. It is our strong belief that federal leadership and support for new approaches may be the most critical element to achieving our shared goals of achieving legalization while protecting the health and safety of all Canadians.

In this submission to the Standing Committee on Health we set out to identify how well the federal Task Force on Cannabis Legalization and Regulation responds to the needs of both consumers and industry as we see them with respect to health concerns.

Minimum Age

- While we are satisfied by the evidence cited in the Task Force Report that 18 is a reasonable minimum to set federally, we still encourage provincial governments to consider on a case-by-case basis whether their current minimum ages for alcohol purchase would serve to reduce both harm to young people while not driving willing consumers into the illicit market.
- We recommend a medical cannabis minimum age exception. A federal minimum age set with the intent to keep non-medical cannabis out of the hands of young people must consider the legitimate circumstances in which responsible medical access, carefully managed by both a doctor and parent/guardian, should be protected. Clarity surrounding these cases is needed to ensure that parent's acting in their child's best interests do not risk legal consequences or loss of custody.
- We strongly encourage policymakers to consider the cases where medical cannabis successfully treats conditions like epilepsy in children and youth. Minimum age is crucial for protecting youth, but it should not be used to bar doctors from administering medical cannabis products as treatments in rare cases when conventional treatments have failed. It should be reiterated that such treatments typically have an extraordinary low or near-absent THC level, and they are chosen for other compounds in cannabis proven to deliver measurable medical benefits, such as regulating seizures, in the case of children suffering from epilepsy, or providing pain/discomfort relief to juveniles undergoing treatment for conditions like cancer.

Taxation and pricing

- In developing a taxation framework, the access of low-income medical cannabis patients must be prioritized. We agree that taxation is an important tool to recoup administrative costs and generate funding for programs necessary when non-medical cannabis is legalized, but medical users must not be forced to bear a disproportionate share of cost.
- While non-medical use is a choice, medical users don't always have another option, and in many cases, they have found cannabis to be a last-resort medicine. In situations where patients require a much higher daily dosage, especially in chronic and severe pain relief/management, they would be unduly penalized.
- Uncertain insurance coverage must be another consideration; medical cannabis patients unable to be reimbursed for medical use would be forced to deal with the expenses themselves, putting them into the difficult situation of having to choose between treatment and other life essentials. It is crucial that a taxation regime for cannabis consider the unique needs of medical patients. Until patients can claim their medical cannabis expenses on their tax returns, as is done with all other medicines, we suggest that revenue generation be a low priority. Establishing a dedicated medical tax credit, if both non-medical and medical cannabis products are taxed identically, may serve as a tool to protect the needs of all medical users of all financial means.
- Moderating the use of cannabis for legitimate medical illnesses is best done by qualified medical professionals. The market price of medical cannabis must reflect the principle that medical use is different from non-medical use. It is in the interests of quality oversight and data collection about medical use that medical cannabis patients choose to acquire their medicine legally. An onerous minimum price would only serve to increase demand outside of the regulated stream.

Limits of allowable THC potency

- We agree that high-potency cannabis may carry risks that are not yet understood. Non-medical users, especially those whose brains are still developing, should be discouraged or outright prevented from buying cannabis with very high THC levels (based on the observed massive increase in potency over the last few decades).
- In consideration of the unique needs of cannabis patients, we urge the government to consider THC potency for medical use another way. Dosage is ultimately best decided by the prescribing medical practitioner, in consideration of the patient's individual needs and the leading research and practices available.
- A careful balance must be struck between risk mitigation, particularly by disincentivizing the use of THC products, and ensuring that government regulations are not so restrictive that they prevent the legal market from serving as a desirable alternative to illegal sources.

Restrictions on cannabis products

- We support the measures proposed, especially those concerning adaptability to new types of products. Both in the non-medical and medical cannabis spaces, producers and consumers are constantly developing different types of product. So long as the guiding principles about keeping cannabis out of the hands of young people and ensuring consistent, reliable, and predictable quality and dosage are maintained, we encourage the developing legislative framework to make sufficient room for innovation. With respect to medical cannabis, the ability to choose how a medicine is delivered is vital to fostering an environment where cannabis patients' choices are respected and their choice of medicine is not stigmatized.



Limitations on quantities for personal use

- The task force report recommends a maximum of four plants at a maximum height of 100cm. We would suggest that the rationale for height restrictions be carefully assessed, so that rather than an arbitrary limit being set, there is a clear understanding on how height affects the amount of harvestable product, potency, and cultivation methods. The breed of the plant may indeed have a greater impact on these factors than height.
- Height restrictions may require a different approach for those who wish to grow outdoors, with the caveat that visibility and security measures are in place. If personal cultivation is allowed, it may be in the interests of environmental sustainability and reduced electrical use that outdoor growth is a viable option.

Limitation on where cannabis can be sold

- We are satisfied that the task force recommendations take fully into account the pros and cons of both retail and mail-delivery distribution models. On the medical front, we reiterate the potential value of utilizing the existing pharmacy infrastructure nationwide, for those pharmacies that are equipped and willing to enter this market. We understand that some submissions to the task force indicated a lack of necessary training and knowledge by pharmacists. On this point, we must stress that professional training must be provided at post-secondary institutions with respects to all steps in the seed-to-sale system. Existing programs for medical and health care professionals, including pharmacists and pharmacologists, would greatly benefit from government investments for funding new research and training development.
- Even if pharmacy distribution is not widespread, licensing some pharmacies to work with producers would be superior to an alternative in which consumers have limited, or no access, to someone with professional knowledge on drug interactions and risk factors.

Production model

- We support licensing for all producers for both the non-medical and medical markets. We are concerned that a licensing model based on limiting supply would reduce market diversity and draw the focus away from rewarding producers that innovate and consistently produce high-quality products.
- If producers can produce both for the medical and the non-medical markets, it is at the point of distribution that minimum prices and taxes should be enforced. The differing needs of medical and non-medical consumers must be considered – those relying on access to cannabis as a medicine should not be affected by artificial supply caps. More crucially, both non-medical and medical products must be held to the same stringent production standards. Current licensed medical cannabis producers are best equipped to lead the industry in this respect.
- A market of producers and distributors concerned with fully meeting and even exceeding industry standards requires an environment of cooperation between regulators and industry, as well as regulatory certainty. A licensing model that is clear, transparent and efficient is integral in this regard.

Good production practices

- Encouraging excellent industry standards begins with proper education and training. Post-secondary institutions in British Columbia have begun offering courses in industrial cultivation. The task force report makes no mention of this vital factor in the establishment of clear quality expectations and standards. Ideally, a curriculum would be developed in conjunction with licensing, ensuring that producers with superior expertise and evidence-based training are given priority status to receive a license.



- We concur with the recommendation that staff in any retail storefronts are professionally trained. Good training has the potential to mitigate negative drug interactions and overdoses by providers educating any potential consumers about pertinent risk factors.

Strengthened laws and enforcement response

- We fully support the task force on making recommendations that demonstrate an evolving approach to the criminal status of individual possession and use.
- We are convinced that the recommendations make sufficient distinction between illicit production/trafficking and personal use, which in many jurisdictions has seen unequal enforcement. We would suggest further that distinctions between medical and non-medical use be made when assessing the criminality of certain behaviors.

Enforcement tools for cannabis-impaired driving

- The comprehensive series of recommendations on this issue are satisfactory. We are pleased that they specifically refer to graduated sanctions for impaired driving. We would again suggest that medical users be held to the same expectation of responsible use, but that their use of low-THC products be considered fairly when developing laws surrounding cannabis use, including those for impaired driving.

Restriction of consumption to the home or a limited number of well-regulated publicly-accessible sites

- The task force report recommends that cannabis smoke be treated the same as tobacco smoke, and therefore banned from public spaces. The question remains of how medical access should be protected for those living in condos and apartment buildings with restrictions, for those who are homeless or live in a collective dwelling (including shelters, halfway houses, nursing homes, and long-term care facilities) or for those in urban areas.
- Uncertainty around current restrictions for medical users is commonplace, as seen in a case where a medical cannabis user got into trouble for smoking on a BC Ferry in an area where tobacco smoking was allowed. Even though municipalities will ultimately control much of the rules in this realm, it is critical that the federal government set reasonable examples to reinforce the rights of medical cannabis patients.

Supporting greater collaboration between governments, Industry and the public.

It is important to note that just as governments are struggling to determine appropriate roles, regulations, and programs, so too is industry trying to establish business practices and corporate strategies that not only meet the business goals of establishing a new and highly innovative sector, but also to fulfil its responsibilities as good corporate citizens and reflect the fact that we as individuals are members of the communities that will be impacted.

At NICHE we are working with industry to establish college-based training programs to meet the HR needs of the sector, as well as hosting government and industry discussions and conducting research to identify common challenges and collaborative approaches.

To support greater collaboration and information sharing between governments and with industry NICHE is working with the Institute on Governance (IOG) on a series of roundtables on the impact of legalization on public institutions beginning in October.



The findings of the federal Task Force on Cannabis Legalization and Regulation and the experiences of jurisdictions such as Colorado and Washington state made it clear that governments and industry must work together to develop a regulatory framework for the sector in order to achieve shared goals of developing a globally competitive industry while safeguarding public health and safety.

NICHE recommends that Government works closely with the Cannabis Industry, and other sectors to:

- Develop public education and industry engagement strategies;
- Work with police to ensure public safety;
- Work with unions and on issues like impairment in the workplace;
- Develop and help deliver campaigns focused on youth and other groups at risk;
- Help educate other jurisdictions that are just starting down the same path as Canada;
- Help gather data and long-term research to monitor the impact of legalization;
- Establish fair and open industry reporting practices
- Work with Industry in the non-cannabis sector to address issues such as impacts on the workplace, employee and employer rights and business costs like insurance etc.
- Keep an eye on the horizon as the sector and technologies evolve so that governments and industry can work together to address issues before they arise (e.g. impact of edibles);
- Share information and best practices across industry sectors and between jurisdictions.

I would like to thank the committee for this opportunity to contribute to its ongoing work and would be pleased to discuss our recommendations with the committee or provide any other information the committee or its members would find helpful.

Respectfully submitted by,
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The National Institute for Cannabis Health and Education (NICHE) is a not-for-profit corporation created to support the safe transition to legalization. The goal of NICHE is to support the design and implementation of legislation, regulations and business practices that protect the health and safety of Canadians as its first priority.

Because better informed public policy and industry practices are good for everyone, NICHE focuses on sharing information and encouraging collaboration amongst all stakeholders - government, industry and not for profits. We believe this will result in better legislation, regulation and business practices and help ensure public safety is protected as we progress with the legalization of cannabis.

NICHE helps bridge knowledge gaps that exist in the following areas:

- Public Health and Safety;
- Education;
- Legislation and Regulatory reforms;
- Research and Best practice; and
- Industry standards and Accreditation.

For further information please visit our web site at www.nichecanada.com

