



## **Submission on Draft guidance on personal production of cannabis for medical purposes**

### **1. Introduction**

The Cannabis Council of Canada (C3) is the national and international representative of Canada's licensed cannabis industry. The Council's mission is to act as the voice for our members in their promotion of industry standards; support the development, growth, and integrity of the regulated cannabis industry; and serve as an important resource on issues related to the safe and responsible use of cannabis for medical and non-medical purposes. Members of the Council share a philosophy of both patient-centric care and improved public health, and are committed to product safety and quality, secure and reliable access, and the promotion of the safe and healthful use of cannabis.

On behalf of our members, we are submitting this document in response to Health Canada's "Draft guidance on personal production of cannabis for medical purposes".

### **2. Preamble**

C3 is committed to the success of Canada's medical cannabis program and to the provision of access to medical cannabis for Canadians seeking the therapeutic benefits of cannabis.

Medical cannabis patients are not being provided with reasonable access to medical cannabis. The designated production program is evidence of this fact. Medical cannabis patients can access cannabis from licensed producers or to grow it themselves, yet 13% of all registered medical cannabis patients cultivate and / or process their own cannabis. The lack of government support for the cost of medical cannabis and the lack of private and public health insurance coverage for medical cannabis are driving people to produce their own medicine.

The Cannabis Council of Canada has been a consistent opponent of the Excise Tax on medical cannabis. We cannot think of another medicine where the Government of Canada an Excise Tax to that medicine. The application of an Excise Tax on medical cannabis is an affront to the medical cannabis patient advocates, who fought for and secured the rights to produce and consume medical cannabis. Removing the Excise Tax from medical cannabis will send a clear signal to health insurance providers that cannabis is a medicine and should be eligible for insurance coverage. This is a positive step in providing reasonable access to medical cannabis.

We share Health Canada's concerns that the "abuse of the medical purposes framework undermines the integrity of the system that many patients and health care practitioners rely on to access cannabis to address their medical needs." Furthermore, C3 supports all "collective efforts to address potential misuse of Canada's access to cannabis for medical purposes program, while preserving reasonable access for those who need it."



With these positions in mind, we offer the following preamble to our comments on the Draft Guidance Document.

It is regrettable that designated production and the lack of oversight of this program have created a situation whereby designated production has become a vehicle for criminal elements to break the law and undermine the integrity of the Canada's legal cannabis system. This is noted in Health Canada's consultation document:

There has also been an increase in law enforcement activities at some personal and designated production sites. Police have laid drug and weapon charges against some personal and designated producers, who were using their registration to cover and support large-scale illegal production and sale.

We submit that data from Health Canada on the personal production of cannabis (*Data on cannabis for medical purposes*) speaks to escalating problems with that undermine the legitimacy of designated production. We note that:

- Authorizations of personal use average of 2 grams per day (Active client registrations), yet authorizations for personal or designated production registrations average:
  - 40 grams per day across Canada
  - 61 grams per day in British Columbia
  - 40 grams per day in Quebec and Ontario
  - 12 grams per day in Prince Edward Island.
- Personal or designated production authorizations over 100 grams per day constitute 2% of all authorizations for designated production.
- Personal or designated production authorizations over 100 grams per day come from less than 3% of all health care providers authorizing medical cannabis.
- Personal or designated production authorizations over 25 grams per day constitute 20% of all authorizations for designated production.
- Personal or designated production authorizations over 25 grams per day come from 20% of all health care providers authorizing medical cannabis.
- British Columbia, with 13% of Canada's population, accounts for 46% of all authorizations for personal production over 25 grams per day.
- British Columbia, with 13% of Canada's population, accounts for 40% of all authorizations for personal production over 100 grams per day.



- Refusals or Revocations of licenses for designated grow do not align with Health Canada concerns about designated production as a vehicle for criminal involvement in cannabis:
  - 43,000 active registrations with the designated production program in 2020
  - 112 applications refused in 2020 (.3%)
  - 38 registrations were revoked in 2020 (.08%)

Recommendations:

- Health Canada work with medical cannabis stakeholder to develop evidence-based guidelines for personal production of medical cannabis.
- Health Canada adopt an evidence-based approach to personal production authorization limits.

### **3. Comments on Guideline**

The comments on the proposed Guideline presented herein are focused on eliminating egregious uses of the designated production, while preserving access to medical cannabis to patients who produce their own cannabis or have designed someone to produce it on their behalf.

#### **3.1 With respect to “Factors which may be considered in assessing the risk to public health or public safety”**

Health Canada should add a statement to the effect that:

Given concerns about the abuse of the personal and designated production program, the Minister will automatically refuse any applications for designated production that exceed 100 grams per day, placing the onus on the applicant to justify the application.

Include a statement to the effect that:

Health Canada will notify the local authorities of all current and future instances where a person possesses a designated authorization in excess of 100 grams per day.

#### **3.2 With respect to: “Examples of the factors that may be considered include, but are not limited to:” add the following:**

- Where the amount of daily authorized cannabis by the health care practitioner exceeds 100 grams per day.



### **3.3 Exhaustive Factors**

With respect to the following paragraph:

These are not exhaustive factors, and other relevant factors could be considered. The numbers of factors present, as well as the circumstances of any events that may be relevant to the determination, such as the seriousness, recentness, number and frequency may be considered. If a factor listed above is satisfied, this does not necessarily mean that there will be a refusal or revocation. The Minister will consider the totality of the circumstances.

Revise the following paragraph by removing:

“If a factor listed above is satisfied, this does not necessarily mean that there will be a refusal or revocation.”

And replace it with:

If a factor listed above is satisfied, the Minister will refuse the application, placing the onus on the applicant to justify the requested amount.”

### **4. Conclusion**

We appreciate the opportunity to participate in the Consultation on guidance on personal production of cannabis for medical purposes and look forward to further engagement with Health Canada on medical cannabis matters.

A handwritten signature in black ink that reads "George Smitherman".

George Smitherman  
President and CEO  
Cannabis Council of Canada