



How the new medical marijuana rules will punish patients

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There have been numerous discussions surrounding the anticipated “billion dollar” medical marijuana industry. The new federal regulations – the Marihuana for Medical Purposes Regulations (MMPR) – are juxtaposed against the smaller “cottage industry” fostered by the old program, the Medical Marihuana Access Regulations (MMAR), where about 4,200 third-party growers could produce for a maximum of two people each.

By April 1, 2014, the only legal source to obtain medical marijuana in Canada will be through licensed producers (LPs), companies authorized by Health Canada to produce and distribute marijuana to those with valid prescriptions.

We’ve heard far less about the problematic effects these regulations will have on patients – many will be unable to afford their medication and will lose personalized and effective strains for their conditions, coupled with treatment concerns over the legal allowance of only “dried” forms of marijuana.

Under the new regulations, patients will lose their right to cultivate their own medication. Buyers could see price increases from \$1-\$5 per gram to a projected \$7-\$12 per gram – an unaffordable increase for many patients. In Ontario, for example, medicinal marijuana is not covered by a public drug plan, and is rarely covered by private insurers. For many with prescribed amounts of anywhere between one to 10 grams per day to manage their

symptoms, this systemically bars a large segment of the most vulnerable population from their medication.

Along with the added costs to patients forced to rely on a system of delivery by courier, it is fair to ask if this new program sufficiently considers the impact on those it claims to serve.

Some of the new Licensed Producers come from within the compassionate community, but others seem virtually disconnected from patient reality. One nearly approved producer has recently been criticized for stating it will “support Drug Abuse Resistance Education (D.A.R.E.) with a percentage of our profits going to the program”. To many, the irony of contributing to a program which is well established to be ineffective, and sometimes even counterproductive, signals a broader trend in Canadian drug policy of ignoring scientific evidence *and* patient needs.

Another key issue is the lack of inclusion of the dispensary model: a place where patients with verified medical diagnosis’ can pick up their medicinal marijuana and access knowledge about medicating with cannabis. Each strain of marijuana has its own therapeutic profile. Even before the Supreme Court recognized Canadians’ right to medical marijuana in 2000 and in response to an unmet need, cannabis dispensaries have been providing access to marijuana and patient care in an act of civil disobedience. Instead, the MMPR throws new patients out on their own to navigate administration and dosing. Typically, it would be reasonable to assume that physicians are the ones to provide this type of guidance, but the new program does nothing to address the documented knowledge gap between physicians and medicating with marijuana. Physicians, in fact, seem equally sore with the idea that they are now the sole gatekeepers, while Health Canada slips out the back door.

Additionally, the new program only includes dried marijuana. A British Columbia court case is challenging this ban on providing patients with a variety of administration options. This includes extracts such as marijuana infused foods, tinctures, oils and hashish, some of which offer alternatives to smoking. This leaves patients to either make their own extracts, which comes along with a host of different problems such as consistent dosing, or turn to the illegitimate market for access to these products.

One cannot stress the importance of patients having timely access to affordable medicine and education about their treatment choices. It is

wrong to assume individuals who are accessing marijuana as a medication have the information and experience necessary to treat themselves. There is good reason to question whether or not the MMPR should be considered “reasonable” access – the foreseeable outcome is a program which systemically obstructs access to patients living with painful, debilitating and often life-threatening conditions.

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