

BCCCS Shocked by the Recent Actions of Health Canada

November 6, 2002

Dear Minister Anne McLellan,

The British Columbia Compassion Club Society (BCCCS) has been distributing medicinal quality cannabis to over 2000 Canadians in medical need for nearly six years. Some of our members have been referred to us by your staff responding to inquiries in regards to accessing medicinal cannabis. A number of our members also hold licenses issued by Health Canada's Medical Marijuana Access Regulations (MMAR) program. Since there is no legal supply of cannabis, many Canadians prefer the varieties of clean and safe cannabis supplied by us, rather than going without or buying on the streets.

Although Health Canada has not invited us to be on their MMAR advisory committee, we believe it is our responsibility, given our experience and expertise in these matters, to continue to give your ministry feedback and information pertaining to its endeavors.

The BCCCS is shocked by the recent actions of Health Canada. Specifically, we object to the decisions to use low-quality National Institute of Drug Abuse (NIDA) produced cannabis for a Canadian-funded study, and to pay an American pharmaceutical scientist to testify against Canadians who are having difficulties with the new MMAR. These decisions are counterproductive, show a tremendous lack of respect and compassion for suffering Canadians, and are a waste of precious tax dollars.

The United States government has views on cannabis that do not reflect the views of its citizens, and absolutely do not reflect the views of most Canadians. The United States federal government is waging a brutal and costly "war on drugs" and will not recognize marijuana as the medicine it is. Canadians, on the other hand, support marijuana as medicine and our federal government also recognizes it as such. This was demonstrated in July 2000 when the Canadian government chose not to appeal the Ontario Supreme Court ruling which determined that it is unconstitutional to deny people legal access to this medicine, and instead created the MMAR and contracted Prairie Plant Systems (PPS) to grow medicinal cannabis. The fact that the US government has threatened to retaliate should Canada choose to create more rational drug laws clearly indicates their position on these matters.

In light of the US position, it appears to be in bad faith that Health Canada hired Billy Martin-the director of research at the US NIDA, a US government funded agency which appears to have a mandate to disprove the medicinal benefits of marijuana. Martin also works for a multi-national pharmaceutical company, Solvay Pharmaceuticals Inc., that manufactures a synthetic "alternative" to whole plant medicine, Marinol. One of the strongest opponents to medical marijuana is the pharmaceutical industry, which for obvious reasons would prefer that the plant be deemed illegal, while they patent pharmaceutical drugs that are far more toxic and less effective than the whole plant medicine.

Health Canada has attempted to justify the use of Martin by stating he is a leading expert. We reject this statement, as Martin is most definitely not an expert on herbal medicine. There are many unbiased experts available who could be more appropriate to call upon in such matters. The Senate's Special Committee on Illegal Drugs very recently released a report that compiled two years of research, available at www.parl.gc.ca/illegal-drugs.asp. Such unbiased and thorough research is a more appropriate source of information.

Health Canada's choice to use cannabis from NIDA is waste of tax payers money and an affront to Canadian sensibilities. Throughout the cannabis community, comprised of scientists as well as

medicinal cannabis growers, distributors, and users, NIDA cannabis is known for its poor quality. The THC levels of 0, 4, 6 and 8 percent found in NIDA produced cannabis, are much lower than those typically found in medicinal quality cannabis. Any cannabis used for research into its medicinal efficacy must be medicinal grade, and NIDA cannabis falls well short of that requirement. Even cannabis found in the black market is likely to be higher quality than the cannabis from NIDA. The BCCCS believes it is unethical to give poor quality cannabis to those in need, particularly if they have previously been successfully relieving their symptoms with higher quality medicine.

This research will thus have little if any merit. If Health Canada insists on using cannabis from NIDA, Canadians will know that your ministry is conducting research with predetermined negative results. Health Canada must establish its own transparent standards for research grade cannabis, and not rely on the undisclosed ones of NIDA.

We would like to see Health Canada respect the difference between the views of its own citizens and those of the US government, and to be transparent and ethical in any research it undertakes. The BCCCS continues to extend its offer of assistance in these matters. To this end we will send you the community-accepted standards for medicinal grade cannabis in the near future.

We look forward to re-establishing the working relationship we had with the previous minister, and to continue working to meet the needs of Canadians.

Sincerely,

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