October 23, 2017

Lisa Anderson
Executive Director, Cannabis Legalization Secretariat
Ministry of Public Safety and Solicitor General
PO Box 9285 Stn Prov Govt
Victoria, British Columbia V8W 9J7

By email: cannabis.secretariat@gov.bc.ca

Dear Ms. Anderson,

Thank you for inviting the BC Pharmacy Association (BCPhA) to make a submission on the impending legalization of cannabis in Canada in 2018.

The BC Pharmacy Association is a not-for-profit voluntary organization representing more than 3,200 community pharmacists and more than 900 community pharmacies across the province.

Included in our written submission is our concern about well-established illegal cannabis shops operating under the false pretense of selling their product for medicinal purposes and calling themselves “dispensaries”. We urge the government to limit the use of this term to health professionals.

We also believe that the government of B.C. must undertake a simultaneous review of both the implementation of sales of recreational cannabis and dispensing medicinal cannabis because of the unique situation in British Columbia, where illegal pot shops have falsely led consumers to believe they are selling marijuana for “medical” purposes.

Thank you again for the opportunity to provide input.

Sincerely,

Geraldine Vance, CEO
The BC Pharmacy Association was pleased to have received an invitation from the Ministry of Public Safety and Solicitor General’s Cannabis Secretariat to make a submission on the impending legalization of cannabis in Canada in 2018.

The BC Pharmacy Association (BCPhA) is a not-for-profit organization representing more than 3,200 community pharmacists and more than 900 community pharmacies across the province. Our members dispense about 70 million prescriptions annually and are often the key link to health care services in rural and remote communities.

We appreciate that the federal government’s decision to pass Bill C-45 to legalize non-medical or “recreational” cannabis by July 2018 means that B.C.’s provincial government must do the necessary policy and administrative work needed to operationalize this deadline. And we appreciate that this has led the government of British Columbia to invite commentary on issues directly related to the legalization of recreational cannabis. We recognize that the federal government’s decision to delay further discussion and decision making on the distribution and sale on medical cannabis beyond the current regime has led provincial governments to believe the policy discussion and decisions about recreational and medicinal cannabis should be separated and dealt with under different timelines.

With respect, we disagree that it is in the public interest to separate the public policy debate and decision-making process on recreational and medical cannabis.

In B.C., we believe it is virtually impossible to do that. The plethora of retail “dispensaries” selling cannabis for a wide assortment of medical conditions – from fibromyalgia to seizures and cancer – has created a public acceptance that “pot” in the retail market place is medicinal. As such, steps to regulate recreational cannabis must trigger the simultaneous regulation of its medicinal counterpart. Failure to do so infers that both products are the same and compromises the regulatory authority and reputation of those parties - physicians and pharmacists – who are entrusted and licensed to prescribe and dispense medical products.

In our view, the situation in British Columbia is unique in that the illegal cannabis shops are well established and have operated solely under the pretense of selling their product for medicinal purposes. Patients are required to consult with a physician and receive a prescription for the cannabis they purchase at the retail stores selling unregulated – and illegal – marijuana across B.C.

According to Statistics Canada, more than 400,000 people use cannabis for...
medical reasons. Of those, only 130,000, or 32 per cent, are buying their medication through approved and legal mail order Licensed Producers (LPs).¹ This substantiates our position that hundreds of thousands of Canadians are buying their “medicine” from unregulated retailers selling cannabis of unknown origin that has the potential to cause negative impacts to human health. And British Columbia has the highest percentage of recent cannabis use compared to other provinces, with 17 per cent of British Columbians (or 678,000 residents) reporting use of the drug in the past year.²

While it is not possible to get a totally accurate accounting of the number of illegal cannabis retailers in the B.C., it is commonly reported in the media that hundreds of cannabis retailers operate in the Lower Mainland. As of October 20, the City of Vancouver has more than 110 listed “medical marijuana-related retail dealers and compassion clubs”. Of those only 12 have business licenses, 39 have a development permit issued and 60 are operating without a license.³ In fact, the City of Vancouver on its website refers to these pot shops as “medical marijuana-related retail dealers”. It has been reported that there are at least 19 pot shops operating in suburbs in the Lower Mainland, including North Vancouver, Langley, Abbotsford and Maple Ridge.⁴ In Victoria, there were 23 pot shops, four of which were licensed, as of January 27, 2016.⁵

We make two recommendations to the Government of B.C. in the context of their consultation process on the issue of recreational cannabis:

1. **Immediately address the problem with illegal retailers of cannabis calling their operations as “dispensaries”**.

We have had a long-standing concern about the many cannabis retailers in B.C. positioning themselves are purveyors of medicinal products by using terms like dispensary and “farmacy” to market their products to consumers. There can be no doubt that these retailers use the term dispensary to associate

¹ Neighbourhood Pharmacy Association of Canada, Pharmacies’ Role in Medical Cannabis Distribution, March 2017.


themselves with legitimate pharmacy dispensaries. Every gram of product cannabis retailers sell is illegally grown with no food and drug regulation oversight. These storefront retailers make false medical claims and the “dispensary” staff have no health care training. They do not “prescribe” based on any established guidelines or protocols and do not have training related to drug interactions. In simple terms, every transaction carried out in an illegal cannabis store has the potential to put a consumer at risk of a serious medical complication. All efforts must be made to remove any aura of legitimacy these operations have as being a facility that has a role to play in the delivery of health care services.

We have previously pursued our concerns on retailers inappropriately using the term dispensary with the City of Vancouver. We also advocated for having the term “dispensary” designated a restricted term only associated with the College of Pharmacists of British Columbia’s definition of “dispensary” with the previous administration. This approach was not possible because other legitimate health care providers use the term dispensary to describe their businesses, notably opticians.

As such, we now recommend that the provincial government take the approach of only allowing individuals governed under the Health Professions Act (HPA) to designate their businesses as “dispensaries”. Making this public policy decision will provide municipalities with the authority they need to disallow non-medical retailers of cannabis trying to assume a degree of unfounded legitimacy by calling their businesses dispensaries.

This move will provide important public protection, particularly considering the upcoming legalization of recreational cannabis. Legitimate medical cannabis must be easily identified as such. That which is available from legitimate producers and dispensed by trained professionals. Only pharmacists should be able to dispense prescribed medications in a pharmacy and dispensary setting.

Additionally, the dispensing of medical cannabis by persons governed under the HPA allows authorities, such as municipalities, to regulate the recreational product using the mechanisms most familiar to them, including municipal by-laws, zoning, and the policing and enforcement of controlled substances like alcohol. By separation of the two products, the province ensures that those best suited to regulate one area are not drawn into the regulation of the other. This contributes to efficient regulation and avoids the risk of cumbersome and costly regulatory overlap.
2. The province of British Columbia should move forward to address the issue of the safe dispensing of medical cannabis in tandem with implementation of the sale of recreational cannabis.

B.C.’s community pharmacists believe our province is in a unique position regarding the entrenched and far reaching presence of “medicinal” cannabis retailers. Unlike other provinces, where the appearance of cannabis “dispensaries” has been relatively recent, B.C. has had pot retailers for many years in significant numbers.

In all instances these retailers masquerade as businesses selling “medicines” to their “patients”. While there is no actual connection between these retail outlets and legitimate licensed producers, we believe there is a general public view that these “dispensaries” sell medical marijuana. As such, we believe B.C. can’t wait to address the distribution and sale of medicinal cannabis to a later date.

It could be argued that the federal government decision to maintain the status quo in terms of the current sale and distribution of medicinal cannabis leaves the provinces with no option but to accept this decision and timeline. We are strongly of the view, that B.C. has a responsibility to advocate for a speedier timeline to implement a widely accessible medicinal cannabis program through legitimate pharmacies. We do not believe that Supreme Court of Canada decisions related to the access of medicinal cannabis precludes the province of B.C. moving ahead with the regulation and sale of medical cannabis.

Some might think the move to allow the sale of recreational cannabis in the province will obliterate the need for the existing illegal dispensaries. We argue that depending on the retail model and pricing structure adopted by the province, that the existing illegal retailers may in fact further concentrate on marketing themselves as providing a medicinal product to allow for product differentiation against new entrants to the marketplace.

But, regardless of the new business model for recreational cannabis, we believe it is imperative to protect patients by making legal, quality controlled medicinal cannabis available with the oversight of a pharmacist.

There is strong evidence that medical cannabis is a viable alternative to opioids.6 This is of particular importance in B.C. as those associated with addiction treatment struggle to manage the current crisis. Canada is second-largest per capita consumer of prescription opioids in the world.7 Important steps are


being taken by regulators to improve prescribing habits of physicians and to educate physicians and patients on the implications of opioid overuse. This work should show benefits over time. There is growing evidence that medical cannabis can assist patients in moving away from opioids with fewer social consequences and no documented deaths from overdose. In our view this is should provide a powerful incentive to make medicinal cannabis widely available to British Columbians who are dealing with opioid addiction.

Community pharmacists believe that medicinal cannabis should available to patients when prescribed by a physician as a prescription narcotic. This would require medical cannabis to be included in the drugs listed in the Schedule to the Narcotic Control Regulations. It should be treated as a behind-the-counter narcotic drug in pharmacies. Just like other Schedule 1 drugs, medical cannabis would be stored with other narcotics. In B.C. that would require them to be stored in time-locked safe, consistent with regulations under the College of Pharmacists of British Columbia.

Pharmacists believe that cannabis should be distributed like any other narcotic requiring a chain of signatures from manufacturer to pharmacist, with scheduled regular inventory checks. In B.C. all medicinal cannabis prescriptions would be logged in a patient’s Pharma Net record. This would ensure prescribers, pharmacists and emergency workers would have ready access to the patient’s complete medication history. This allows for important monitoring of drug interactions and potential overuse of cannabis by patients allowing for early intervention by the health care team. It’s important to acknowledge that the BCPhA is not linking tracking medical cannabis on PharmaNet to coverage of medical cannabis by the province. The issue of patient access to quality controlled medical cannabis prescribed by physicians and dispensed by pharmacists is distinct from any discussion and decisions that might be taken about coverage by public or private insurers.

In terms of the pharmacy supply chain, B.C.’s community pharmacists foresee cannabis being obtained only from Health Canada licensed producers. Inventory would be closely tracked, and like other narcotics, discrepancies would be reported to Health Canada and law authorities as appropriate. The BCPhA would work closely with the College of Pharmacists of BC and the Ministry of Health to ensure the appropriate practice standards are in place, and pharmacists receive the needed training to counsel patients appropriately.

In a January 2016 survey of BCPhA members, 94 per cent of pharmacist respondents said they wanted more training on the efficacy, dosing and prescribing of marijuana for treatment of illness or ailments.

We would welcome the opportunity to share additional research and background with the Minister on the issue of implementing a medicinal cannabis program using community pharmacies. We trust that our submission encourages further consideration of this need to address the unique situation that exists in B.C.