

File No. 04-1000-20-2016-280

August 26, 2016

s.22(1)

Dear s.22(1)

Re: **Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")**

I am responding to your request of August 8, 2016 for:

**Records that relate to the development of the city's Regulation for Medication Marijuana-related businesses from Councillor Kerry Jang.**

**Time Frame: Jan 1, 2015-Aug 1 2015**

All responsive records are attached. Some information in the records has been severed, (blacked out) under s.22(1) of the Act. You can read or download this section here: [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/96165\\_00](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00)

Under section 52 of the Act you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your request. The Act allows you 30 business days from the date you receive this notice to request a review by writing to: Office of the Information & Privacy Commissioner, [info@oipbc.bc.ca](mailto:info@oipbc.bc.ca) or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number assigned to your request (#04-1000-20-2016-280); 2) a copy of this letter; 3) a copy of your original request for information sent to the City of Vancouver; and 4) detailed reasons or grounds on which you are seeking the review.

Please do not hesitate to contact the Freedom of Information Office at [foi@vancouver.ca](mailto:foi@vancouver.ca) if you have any questions.

Yours truly,



Barbara J. Van Fraassen, BA  
Director, Access to Information  
City Clerk's Department, City of Vancouver

Encl.

:kt

From: "[Claudia Laroye](mailto:claudia@laroye.ca)" <[claudia@laroye.ca](mailto:claudia@laroye.ca)>

To: "[Jang, Kerry](mailto:Kerry.Jang@vancouver.ca)" <[Kerry.Jang@vancouver.ca](mailto:Kerry.Jang@vancouver.ca)>

Date: 1/15/2015 4:06:15 PM

Subject: Correspondence: Medical Marijuana Dispensaries

Attachments: MedDispensary Letter 150115.pdf

Dear Councillor Jang,

Please find attached an item of correspondence from the Marpole Business Association BIA, on the subject of medical marijuana dispensaries. A hard copy of the letter is being mailed to you in follow up.

Thank you for your assistance and consideration.

Best Regards,  
Claudia

=====  
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I ♥ Marpole

January 15, 2015

Councillor Kerry Jang  
City of Vancouver  
453 West 12<sup>th</sup> Avenue  
Vancouver, BC V5Y 1V4

**Re: PROLIFERATION OF MEDICAL MARIJUANA DISPENSARIES IN VANCOUVER**

Dear Councillor Jang,

On behalf of the Marpole Business Improvement Association, I am writing to express our concern and frustration with the rapid and unregulated proliferation of medical marijuana dispensaries in Marpole and the city of Vancouver.

Over the past six months, we have brought forward our concerns to the attention of Bylaw Enforcement, Licensing, our local Community Policing Office, and to the General Manager of Community Services, Ms Brenda Proskan. We have had helpful, sympathetic, but ultimately frustrating conversations with the individuals and various departments of City Hall.

The frustrating nature of these discussions has centered on the apparent 'gray' area that the City of Vancouver has determined exists where the operation of medical marijuana dispensaries is concerned. It is our understanding that these marijuana dispensaries are technically illegal under federal law. We further understand that the dispensing of medical marijuana in pill form is allowed under federal law. If this is the case, these prescriptions would be all by accounts be fillable at existing local pharmacies, i.e. Safeway, Pharmasave.

However, this is not happening. Instead, illegal, non licensed medical marijuana dispensaries and societies are opening up across Vancouver. These illegal businesses are unregulated by zoning, licensing, bylaw enforcement or good neighbourliness. These dispensaries and societies are also not limiting their dispensing to pills. They offer a wide variety of marijuana consumables, including weed for smoking, edibles, and oils.

We are submitting this correspondence to you and your Council colleagues, as we do not know whether you are aware of the full impact of the proliferation of completely unregulated and illegal business operations, at street level.

The lack of governance by the City to manage, license and control the location – as the City does on a regular and constant basis through zoning and bylaws – of these dispensaries is having a negative impact upon our existing neighbourhood retail areas and communities.

We have been receiving complaints from members and local residents about a variety of concerns, including;

- the perceived and actual ease of access to illegal substances, especially as it relates to minors
- smoking of marijuana on public property, contrary to existing bylaws
- smoking on private property behind stores impacting residents
- advertising and solicitation of dispensaries, placement of pamphlets on parked car windows
- the sheer number of dispensaries in commercial areas
- crime and safety.



As you are aware, businesses operating in Vancouver are subject to a wide variety of regulations and restrictions. For example, businesses are required to have licenses. The City has not issued business licenses to the medical marijuana dispensaries.

Certain businesses, such as pharmacies and financial institutions, are not permitted to open within close proximity of one another. The current location of dispensaries is unregulated – in many neighbourhoods, there are 3, 4, 5 dispensaries in the same block, without controls or restrictions. This does not make for good city planning, place making, or community building.

Some businesses are altogether disallowed to exist in certain areas, as a result of restrictive zoning bylaws. This is often done to protect vulnerable areas. However these bylaws have not been enforced where marijuana dispensaries are concerned within existing vulnerable areas in the city, such as the Downtown Eastside or Strathcona.

City bylaws and licensing exist to govern and regulate business, for better or worse. As business people, we accept these rules, and the level playing field they engender. However, there are no such rules, regulations or governance in effect for medical marijuana dispensaries. The appearance of a double standard is difficult to understand for existing businesses, our members, or our Business Association, which, as you are aware, works extremely hard to put the best foot forward for our commercial area and community.

The manner in which the current situation has been allowed to proliferate is distressing and bad for business. Other neighbouring municipalities have not permitted these establishments to open and operate. As such, we believe there is another way forward, and we encourage the City of Vancouver to consider enforcing existing bylaws and statutes and mitigate the pejorative impact that these illegal dispensaries are having in our neighbourhoods.

I and my BIA colleagues are looking forward to an upcoming meeting with Brenda Prosken and members of Staff in early February, to discuss these important matters. However, we appreciate any and all attention and response that you can provide to this letter, at your earliest convenience, before that upcoming meeting.

Thank you very much for your assistance and consideration.

Respectfully Submitted,

THE MARPOLE BUSINESS ASSOCIATION

Claudia Laroye  
Marpole BIA

cc. Mayor Robertson and Council  
Brenda Prosken, General Manager, Community Services  
Jim Chu, Chief Constable, Vancouver Police Department  
Vancouver BIA Partnership

From: ["PAMELA MCCOLL" <pjmccoll@shaw.ca>](mailto:pjmccoll@shaw.ca)

To: ["Correspondence Group, City Clerk's Office" <ccclerk@vancouver.ca>](mailto:ccclerk@vancouver.ca)

Date: 5/31/2015 7:38:44 AM

Subject: Dr. Ballem - not a single bit of medical evidence that cannabis is a treatment for substance use disorder as stated in presentation.

Attachments: MJ as RX review.pdf

Please see the attachment which is an excellent review of the medical evidence or lack thereof of the various uses of marijuana for a list of conditions - please note insufficient evidence in every single case.

NO COUNTRY IN THE WORLD HAS LEGALIZED MARIJUANA -  
WE ARE THE ONLY COUNTRY WERE THE COURT HAS ORDERED ACCESS TO MARIJUANA  
UNDER CONTROLLED CONDITIONS.  
THIS IS NOT A DECISION THAT HAS SUPPORT IN THE MEDICAL ESTABLISHMENT OR THE  
REST OF THE WORLD.

I received this information and this comment which you will find of interest.

This is a fairly good current review as cannabis as medical treatment option for the commonest conditions it is being used.

The City Manager implied in her talk there was experimental evidence that to the best of my knowledge does not exist.

With respect to her claim that cannabis is a treatment for substance use disorders, I am aware of not a single bit of medical evidence to this effect and that is my specialty.

Pamela McColl  
Smart Approaches to Marijuana Canada

This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

**Narrative review of the safety and efficacy of marijuana for the treatment of commonly state-approved medical and psychiatric disorders**

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# Narrative review of the safety and efficacy of marijuana for the treatment of commonly state-approved medical and psychiatric disorders

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## Abstract

The present investigation aimed to provide an objective narrative review of the existing literature pertaining to the benefits and harms of marijuana use for the treatment of the most common medical and psychological conditions for which it has been allowed at the state level. Common medical conditions for which marijuana is allowed (i.e., those conditions shared by at least 80 percent of medical marijuana states) were identified as: Alzheimer's disease, amyotrophic lateral sclerosis, cachexia/wasting syndrome, cancer, Crohn's disease, epilepsy and seizures, glaucoma, hepatitis C virus, human immunodeficiency virus/acquired immunodeficiency syndrome, multiple sclerosis and muscle spasticity, severe and chronic pain, and severe nausea. Post-traumatic stress disorder was also included in the review, as it is the sole psychological disorder for which medical marijuana has been allowed. Studies for this narrative review were included based on a literature search in PsycINFO, MEDLINE, and Google Scholar. Findings indicate that, for the majority of these conditions, there is

insufficient evidence to support the recommendation of medical marijuana at this time. A significant amount of rigorous research is needed to definitively ascertain the potential implications of marijuana for these conditions. It is important for such work to not only examine the effects of smoked marijuana preparations, but also to compare its safety, tolerability, and efficacy in relation to existing pharmacological treatments.

## Keywords

Cannabis, Medical marijuana, Marijuana, Medicine, Treatment, Alzheimer's disease, ALS, Cachexia, Cancer, Crohn's disease, Epilepsy, Seizures, Glaucoma, Hepatitis C virus, HCV, HIV, AIDS, Multiple sclerosis, MS, Pain, Nausea, Vomiting, Post-traumatic stress disorder, PTSD

## Introduction

National estimates suggest that 5.4 million people in the United States above the age of 12 have used marijuana daily or regularly within the past year [1]. This represents an increase of approximately 74.2 percent since 2006 [1]. Similar increases have also been noted among vulnerable populations in the U.S. (e.g., veterans and adolescents) [2,3].

Marijuana is currently illegal in every country in the world. In 2012, Uruguay voted to legalize state-controlled marijuana sales but implementation of the law has been postponed until 2015. The policy in the Netherlands is mixed, with permissible retail sale of marijuana at coffee shops, but restrictions on production and possession. Notably, as the concentration of THC in marijuana has increased, Dutch coffee shops have begun to close, as perception of marijuana as a “soft” drug transitions to perceptions of marijuana as a “hard” drug.

Like the Netherlands, the United States currently has a mixed drug policy; marijuana is an *illegal* Schedule I drug under U.S. Federal law. However, marijuana policies vary by state, with some states (e.g., Colorado and Washington) *legalizing* the use of recreational marijuana (i.e., allowing the legal possession and use of marijuana under state law), and other states *decriminalizing* marijuana (i.e., reducing the penalties for possession and/or use of small amounts of marijuana to fines or civil penalties). Furthermore, as of this review, 23 states and the District of Columbia have passed legislation allowing medical marijuana (i.e., individuals can defend themselves against criminal charges related to marijuana possession if a medical need is documented) for the treatment of a variety of medical and psychological conditions. Though the list of conditions for which medical marijuana has been allowed varies at the state level, the majority of states agree on its use for Alzheimer's disease (AD), amyotrophic lateral sclerosis (ALS), cachexia/wasting syndrome, cancer, Crohn's disease (CD), epilepsy and seizures, glaucoma, hepatitis C virus (HCV), human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), multiple sclerosis (MS) and muscle spasticity, severe and chronic pain, severe nausea, and post-traumatic stress disorder (PTSD).

The aim of the present review is to provide a summary of the existing empirical literature regarding the effects of marijuana/cannabinoids on each of the above-noted conditions. Though some recent work has reviewed the adverse effects of marijuana [4] or the efficacy of marijuana for certain conditions (e.g., neurologic) [5], there has yet to be a comprehensive review of the effects of marijuana for each of the medical and psychiatric conditions for which it is currently used.



## Methods

The list of all conditions for which medical marijuana is allowed, according to the legislation of each U.S. state for which medical marijuana has been approved, was obtained and examined [6]. From this list, common conditions for which medical marijuana is allowed (i.e., those conditions shared by at least 80 percent of medical marijuana states) were identified as: AD, ALS, cachexia/wasting syndrome, cancer, CD, epilepsy and seizures, glaucoma, HCV, HIV/AIDS, MS and muscle spasticity, severe and chronic pain, and severe nausea. Though not presently a qualifying condition in at least 80 percent of states with medical marijuana laws, PTSD was also included in the review, as it is rapidly gaining attention and recognition as the sole psychological disorder for which medical marijuana is allowed.

Studies for this narrative review were included based on a literature search in the following databases: PsycINFO, MEDLINE, and Google Scholar. Within each database, each combination of the following key marijuana terms and the above-listed conditions were used to conduct a search: cannabis, marijuana, marihuana, cannabinoid, delta-9-tetrahydrocannabinol, THC, cannabidiol, CBD, cannabinol, cannabigerol, Marinol, dronabinol, Sativex, Nabilone, and Nabiximols. References within each obtained article were also examined to assure that no studies were overlooked. Only published, English-language studies were included in this review.

Though the primary focus of this review is on studies of marijuana plant effects, as these are most relevant to recent medical marijuana legislation, synthetic or plant-derived cannabinoids (e.g., dronabinol, Nabilone) were also included due to the general dearth of marijuana plant studies for a number of conditions. Indeed, for purposes of the review, references to oral administrations of marijuana constitute a pharmaceutical grade extraction administered in tablet or liquid form (e.g., dronabinol, Nabilone, nabiximols), while references to smoked administration of marijuana constitute the inhalation of smoke from burned marijuana leaves and flowers. Finally, the present review is organized alphabetically by condition for which marijuana is allowed, rather than in order of disorder for which it is most to least commonly recommended, or strength of the evidence. We chose this approach as there is currently only state-level data [7-9], rather than national, representative data on the primary conditions for which medical marijuana is used or recommended, and the existing literature and state of the evidence for many conditions remains relatively poor.

## Results

### Alzheimer's disease

AD, the leading form of dementia in the elderly, is a progressive, age-related disorder characterized by cognitive and memory deterioration [10]. AD has several neuropathological markers, including neuritic plaques and neurofibrillary tangles [11]. Although several researchers have suggested dronabinol and Nabilone may act on these mechanisms to confer therapeutic effects for patients with AD [12,13], a recent Cochrane systematic review found no evidence that dronabinol was effective in reducing symptoms of dementia [14]. The authors of a placebo-controlled crossover study of 15 patients with AD who were refusing to eat suggest that dronabinol increases weight gain and decreases disturbed behavior [15], but there is insufficient quantitative data to support this conclusion [14], and one study

participant had a grand mal seizure following dronabinol administration [15]. Another pilot study of two patients with dementia found that dronabinol reduced nocturnal motor activity [16]. No studies have examined the effects of smoked marijuana in patients with AD. In sum, there is insufficient evidence to recommend marijuana for the treatment of AD. Future directions should include conducting randomized controlled trials (RCTs) comparing both smoked and oral marijuana to placebo and existing treatments, with sample sizes large enough to detect treatment effects and the safety and tolerability of marijuana.

### **Amyotrophic lateral sclerosis**

ALS is a fatal neurological disease with symptoms that include weakness, spasticity, and respiratory difficulties. Cannabinoids are hypothesized to act in the regions of established pathophysiology for ALS [17] and could be used for symptom management (e.g., pain, spasticity, wasting, respiratory failure, dysphagia, negative mood, and dysautonomia) [18]. Although there is limited evidence from a survey of patients with ALS that marijuana consumed in a variety of forms (i.e., oral, smoked, vaporized, and eaten) improves speech and swallowing [19], the anti-salivatory components of marijuana may reduce the risk of aspiration pneumonia, while also increasing patient comfort [18,19]. These survey findings indicate that up to 10 percent of patients use marijuana for symptom management, and these self-reports suggest efficacy in increasing appetite and mood and decreasing pain, spasticity, and drooling. However, as is consistent with the half-life of smoked marijuana, the beneficial effects of marijuana on symptoms of ALS were fewer than 3 hours in duration [19]. The only randomized, double-blind, placebo-controlled crossover trial of marijuana in patients with ALS has a small sample size (N = 27) and indicates that while 5 mg of dronabinol is well-tolerated, there was no effect on number or intensity of cramps, quality of life, appetite, sleep, or mood [20]. There is currently insufficient clinical evidence in humans with ALS to recommend cannabinoids as primary or adjunctive therapy.

### **Cachexia/wasting syndrome**

Cachexia is the general wasting and malnutrition that occurs in the context of chronic diseases such as HIV/AIDS and cancer. In patients with HIV or cancer, smoked marijuana and dronabinol have been shown to increase weight gain [21,22] and food intake [22,23] compared to placebo. In a within-subject, double-blind, staggered, double-dummy study of nine individuals with muscle mass loss, dronabinol resulted in significantly greater calorie consumption than smoked marijuana [24]. A within-subject, double-blind, placebo-controlled trial with seven HIV-positive marijuana smokers taking antiretroviral medications found that compared to placebo, dronabinol increased caloric intake [25]. Additional studies indicate that dronabinol administration increases appetite, decreases nausea, and protects against weight loss [26], with effects on appetite and weight stability enduring in long-term follow-up [27].

Both dronabinol and smoked marijuana increase the number of eating occasions [22,25], and smoked marijuana may also affect weight gain and calorie intake by modulating appetite hormones [28]. Importantly, weight gain in one study was greater than would have been expected based on increased calorie consumption alone [23], which may be particularly relevant for those who have impaired food intake and/or nausea. These studies demonstrated that marijuana has positive effects on cachexia resulting from a medical condition, but are largely limited by small sample sizes. Additionally, studies comparing THC to FDA-approved medication (i.e., megestrol) indicate that THC is less effective in promoting

appetite and weight gain [29]. In sum, there is moderate support for the use of cannabinoids for cachexia/wasting, and dronabinol has been FDA-approved for anorexia associated with weight loss in individuals with AIDS. Additional studies with larger sample sizes that examine the efficacy of marijuana compared to nutritional support/calorie augmentation in the treatment of cachexia are indicated.

## **Cancer**

Cancer is a qualifying medical condition in every state that has approved marijuana for medical use [30]. The majority of clinical research examining the relation between THC and cancer has evaluated the effect of smoked THC on the risk for cancer, or the palliative effects of THC on chemotherapy-related nausea and emesis, chronic pain, and wasting (reviewed in respective sections); few studies have studied the effect of marijuana in any form on the treatment of primary cancer pathology. *In vitro* and *in vivo* research suggests that cannabinoids inhibit tumor growth [30] via several proposed mechanisms (e.g., suppression of cell proliferation, reduced cell migration, increased apoptosis) [31]; however, *in vitro* and *in vivo* studies also have shown that THC increases tumor growth due to reduced immune response to cancer [32]. The only clinical trial of THC on cancer examined intracranial administration of THC to nine patients with recurrent glioblastoma multiforme who had failed surgical- and radiotherapy, and results indicated that THC decreased tumor growth, while being well-tolerated with few psychotropic effects [33]. This study is limited by lack of generalizability, and clinical trials with larger representative samples that examine oral or smoked administration of THC are essential to elucidate the effects on cancer pathology. There is currently insufficient evidence to recommend marijuana for the treatment of cancer, but there may be secondary treatment effects on appetite and pain.

## **Crohn's disease**

CD is an inflammatory bowel disease (IBD) that has no cure; treatment targets include reducing inflammation and secondary symptoms. Between 16 percent and 50 percent of patients use marijuana to relieve symptoms of IBD [34-36], and patients using marijuana for 6 months or longer are five times more likely to have had surgery for their IBD [34]; whether marijuana exacerbates disease progression or more severe disease results in self-medication is unclear. Only one placebo-controlled study of the effects of marijuana in patients with CD has been conducted [37]. This study found that there was no difference between placebo and smoked marijuana on CD remission (defined as a CD Activity Index (CDAI) of less than 100), and that marijuana was superior to placebo in promoting clinical response (a decrease in CDAI score greater than 100), reducing steroid use, and improving sleep and appetite [37]. Importantly, this study did not include objective measurement of inflammatory activity, and there was no significant difference in placebo and treatment groups 2 weeks after treatment cessation [37]. Until clinical trials with objective measurement of treatment effects over an extended period of time have been completed to examine the safety and efficacy of marijuana for the treatment of IBD have been conducted, there is insufficient evidence for the use of marijuana for the treatment of IBD.

## **Epilepsy and seizures**

The known effects of cannabinoids on epilepsy and seizures are largely from animal studies, surveys, and case studies. Several animal studies indicate that marijuana and its constituents exhibit anticonvulsant effects [38-41] and reduce seizure-related mortality [39], but there is

also evidence that cannabinoids can lower the threshold for seizures [42], and THC withdrawal increases susceptibility for convulsions [42]. Cross-sectional surveys indicate that 16–21 percent of patients with epilepsy smoke marijuana [43,44], with some reporting positive effects (e.g., spasm reduction) and a belief that marijuana is an effective therapy [44], and others reporting increased seizure frequency and intensity [43]. Based on a Cochrane review, the few RCTs that have been conducted in humans include a total of 48 participants [45] and only examine treatment with cannabidiol. These trials exhibited heterogeneity of effects: some indicated a reduction in seizure frequency [46,47], while others demonstrated no effect compared to placebo [48]. In addition, none of the studies examined response at greater than 6-month follow-up [45]. Systematic reviews of the literature have concluded that there is insufficient clinical data to support or refute the use of cannabinoids for the treatment of epilepsy and seizures [5,45].

## **Glaucoma**

Glaucoma is a neurodegenerative eye disease that can cause blindness by damaging retinal ganglion cells and axons of the optic nerve. Intraocular pressure (IOP) can influence both onset and progression of glaucoma and is often a target for intervention. Small samples have demonstrated reduced IOP following smoked marijuana [49,50], but the effect is only present in 60–65 percent of individuals [51] and lasts for 3–4 hours, requiring repeated dosing throughout the day [52]. Furthermore, patients discontinue marijuana use due to side effects (e.g., dizziness, anxiety, dry mouth, sedation, depression, confusion, weight gain, and distortion of perception [53]), and this treatment discontinuity may exacerbate optic nerve damage and obviate the benefits of reduced IOP [54]. Limited research and documented toxicity have resulted in the American Glaucoma Society [54], Canadian Ophthalmological Society [55], and the American Academy of Ophthalmology's Complementary Therapies Task Force [52] determining that there is insufficient evidence to indicate that marijuana is safer or more effective than existing pharmacotherapy or surgery for the reduction of IOP. Development of eye drops for topical application of THC would minimize psychoactive and other side effects but is complicated by the high lipophilicity and low water solubility of cannabinoids [52,56]. Additionally, the distance from the application site to the retina may be too great to afford neuroprotective benefits [52], given that only 5 percent of an applied dose penetrates the cornea to the intraocular space [56].

## **Hepatitis C virus**

There have been no RCTs examining the use of cannabinoids on HCV infection. Of the studies that have been conducted, one longitudinal study demonstrates that smoked marijuana has no effect on HCV progression in individuals with HIV [57]. In contrast, individuals with HCV who smoke marijuana have a higher fibrosis progression rate [58] and more severe steatosis [59], with daily smokers having a more rapid rate of progression and greater severity [60] than occasional marijuana users [58,59]. Marijuana may have independent negative effects on steatosis [59], but because none of these findings were in the context of a clinical trial, these correlations are not causal and it is possible that individuals who use marijuana do so to manage greater symptom severity [60].

There may be secondary effects of cannabinoids on HCV treatment side effects: dronabinol and Nabilone stabilized treatment-induced weight-loss [61]; and dronabinol, Nabilone, and marijuana procured from a marijuana club (dose and method of administration unspecified) increased HCV treatment duration and reduced post-treatment virological relapse [61,62].

However, there is also a potential drug-drug interaction between ribavirin, a traditional HCV treatment, and marijuana due to shared cytochrome 450 metabolism [63]. Because 90 percent of HCV infections are the result of injection drug use [64], treatment of symptoms with marijuana may be contraindicated for this subpopulation, particularly because marijuana use in the context of other substance use (i.e., alcohol) has multiplicative effects on the odds of fibrosis severity [60]. Given that newer treatments for HCV (e.g., sofosbuvir) are replacing ribavirin, there will likely be less need for use of marijuana in management of treatment-related side effects. In sum, there is currently insufficient empirical support to recommend marijuana for the treatment of HCV.

## **HIV/AIDS**

Marijuana use in HIV-infected patients is typically for the management of side effects (e.g., nausea) of older antiretroviral treatments and AIDS-related symptoms, including weight-loss and HIV-associated neuropathy (covered in cachexia and pain sections, respectively). Survey studies indicate that 23 percent of patients with HIV/AIDS smoked marijuana in the past month and do so largely to improve mood and appetite and reduce pain [65]; these patients may exhibit tolerance and need higher doses of THC than are currently approved by the FDA for use in clinical trials [25] to experience treatment effects. The few RCTs that have been conducted in a small number of patients with HIV/AIDS largely examined the effects of marijuana (synthetic or natural marijuana that is smoked or ingested) on symptoms (e.g., nausea and appetite) over a short treatment window (21–84 days; see [66] for systematic review). Studies examining the effects of marijuana on the pharmacokinetics of antiretroviral medication demonstrated that neither smoked marijuana nor dronabinol affects short-term clinical outcomes (e.g., viral load, CD4 and CD8 counts [67]), influences the efficacy of antiretroviral medication [68], or indicates that dose adjustments for protease inhibitors are necessary [21]. However, individuals who are dependent on marijuana have demonstrated poorer medication adherence and greater HIV symptoms and side effects than nonusers and nondependent users [69]. Furthermore, while some studies have no participant withdrawal due to adverse events [21,70,71], others reported treatment-limiting adverse events [26,72,73]. Finally, because drug use is a risk factor for HIV infection [74], treatment of symptoms with marijuana may be contraindicated for this subpopulation. In sum, there is variability in short-term outcomes and insufficient long-term data addressing the safety and efficacy of marijuana when used to manage symptoms of HIV/AIDS and its role in those also using newer, better-tolerated antiretroviral agents.

## **Multiple sclerosis and muscle spasticity**

Muscle spasticity, a common feature of MS, is disordered sensorimotor control that leads to involuntary muscle activation [75] that results in pain, sleep disturbance, and increased morbidity [76]. The majority of studies examining spasticity have compared oral or sublingual forms of cannabinoids to placebo and found reduced spasm severity [77-84], with symptom improvement enduring at long-term follow-up [85-87], and also reduced spasm frequency and spasm-related pain and sleep disturbances [77,88,89]. With regard to smoked marijuana, one study found reductions in muscle spasticity [90]; however, another study showed that smoking marijuana impaired posture and balance in individuals with spasticity [91], so there is currently insufficient evidence to determine the efficacy of smoked marijuana on spasticity [5].

Surveys of patient populations show that between 14 and 16 percent of patients with MS report using marijuana for symptom management [92,93] and that compared to non-marijuana-using individuals with MS, marijuana-using individuals with MS have decreased cognitive functioning [90,94,95]. Because cognitive dysfunction is present in 40–60 percent of individuals with MS before marijuana administration [96], marijuana use may further compromise impaired cerebral functioning in a neurologically vulnerable population. Additionally, future studies should carefully consider outcome assessment. The primary methods of measuring spasticity, the Ashworth Scale and patient self-report, may not be appropriate measures because antispastic drugs do not decrease Ashworth ratings, and patient-reported spasticity severity may be poorly correlated with patient functioning (i.e., a patient whose spasticity compensated for motor weakness may be unable to ambulate with reduced spasticity) [97]. Importantly for both MS and other neurological disorders, the American Academy of Neurology does not advocate the use of marijuana for the treatment of neurological disorders, due to insufficient evidence regarding treatment efficacy [98].

### **Post-traumatic stress disorder**

There has been a recent emergence of empirical studies of the effects of marijuana on symptoms of PTSD, borne primarily out of the observation that individuals with PTSD report using marijuana to cope with PTSD symptoms; specifically, hyperarousal, negative affect, and sleep disturbances [99-101]. Empirical work has consistently demonstrated that the endocannabinoid system plays a significant role in the etiology of PTSD, with greater availability of cannabinoid type 1 receptors documented among those with PTSD than in trauma-exposed or healthy controls [102,103]. Though the use of marijuana and oral THC [104,105] have been implicated as a potential mechanism for the mitigation of many PTSD symptoms by way of its effects on the endocannabinoid system, some researchers caution that endocannabinoid activation with plant-based extracts over extended periods may lead to a number of deleterious consequences, including receptor downregulation and addiction [102].

There have been no RCTs of marijuana for the treatment of PTSD, though there has been one small RCT of Nabilone that shows promise for reducing nightmares associated with PTSD [106]. One pilot study of 29 Israeli combat veterans showed reductions in PTSD symptoms following the administration of smoked marijuana, with effects seen up to one year post-treatment [107]. Remaining studies have been primarily observational in nature, documenting that PTSD is associated with greater odds of a cannabis use disorder diagnosis [108] and greater marijuana craving and withdrawal immediately prior to a marijuana cessation attempt [109]. Indeed, sleep difficulties (a hallmark of PTSD) have been associated with poor marijuana cessation outcomes [110,111], while cannabis use disorders have been associated with poorer PTSD treatment outcomes [112]. Given the lack of RCTs studying marijuana treatment for PTSD, there is insufficient scientific evidence for its use at this time.

### **Severe and chronic pain**

Clinical trials have examined smoked and oral administration of cannabinoids on different types of pain (e.g., neuropathic, post-operative, experimentally induced) in multiple patient populations (e.g., HIV, cancer, and fibromyalgia). Two meta-analyses have been conducted examining the association between marijuana and pain. In the first, 18 RCTs demonstrated that any marijuana preparation containing THC, applied by any route of administration, significantly decreased pain scores from baseline compared to placebo [113]. The second examined 19 RCTs of smoked marijuana in individuals with HIV, which also indicated

greater efficacy in reducing pain (i.e., sensory neuropathy) compared to placebo [114]. Importantly, the first meta-analysis showed that marijuana increased the odds of altered perception, motor function, and cognition by 4 to 5 times [113], and the second study did not recommend marijuana as routine therapy [114]. Dosage is an important factor to consider for administration of cannabinoids for pain management, as some studies have found that higher doses of smoked marijuana are associated with improved analgesia [115], whereas other studies show that higher doses of smoked marijuana increase pain response [116]. Because the analgesic effects of marijuana are comparable to those of traditional pain medication [117], future research should aim to identify which analgesics provide the lowest risk profile for the management of severe and chronic pain. Although there is preliminary support to suggest that marijuana may have analgesic effects, there is insufficient research on dosing and side effect profile, which precludes recommending marijuana for the management of severe and chronic pain.

## **Severe nausea**

The majority of research related to the effects of marijuana on severe nausea has involved oral administration of marijuana to individuals with chemotherapy-induced nausea and vomiting (CINV). Oral marijuana (i.e., THC suspension in sesame oil and gelatin) has been shown to be more effective in reducing CINV than placebo [118], including the number and volume of vomiting episodes, and the severity and duration of nausea [119]. When compared to traditional anti-emetics, some meta-analytic reviews indicate that oral THC is more effective in reducing CINV [120-123], others find no significant difference [122,124-126], and another suggests that combining both is the most effective at reducing the duration and severity of CINV than either alone [127]. Recent advances in both anti-emetic agents and the mechanisms of cannabinoid administration (i.e., sublingual application) warrant future research.

Importantly, patients receiving cannabinoids for severe nausea reported toxicities, including paranoid delusions (5%), hallucinations (6%), and dysphoria (13%) [122]. Additionally, cannabinoid hyperemesis syndrome has been documented, in which persistent and regular marijuana use (i.e., daily or weekly use for more than 1 year) is associated with cyclic vomiting (i.e., episodic nausea and vomiting) [128] and nonresponse to treatment for cyclic vomiting [129]. Dronabinol has been FDA-approved for CINV in individuals who have not shown a treatment response to traditional anti-emetics, but in line with recommendations from the American Society of Clinical Oncology [130] and the European Society for Medical Oncology [131], cannabinoids should not be utilized as a first-line treatment for nausea and vomiting.

## **Conclusions**

The reviewed literature highlights the dearth of rigorous research on the effects of marijuana for the most common conditions for which it is currently recommended. It is paramount that well-designed RCTs with larger sample sizes be conducted to determine the actual medical benefits and adverse effects of marijuana for each of the above conditions. Indeed, recent reviews [4,132] comprehensively discuss adverse events associated with marijuana use, and while it is beyond the scope of the current paper to review these effects in-depth, they are important to consider when evaluating whether or not to recommend marijuana for a medical or psychiatric disorder in place of other existing treatment options.

Given the extensive literature speaking to the harms associated with marijuana use, research on the comparative safety, tolerability, efficacy, and risk of marijuana compared to existing pharmacological agents is needed. The present literature also illuminates the need for research into the effects of isolated cannabinoids (e.g., THC, CBD) as well as species of smoked marijuana (e.g., indica and sativa), as the majority of medical marijuana users ingest marijuana by smoking the marijuana plant [133,134], which contains a wide variety of phytocannabinoids at varying potencies [135,136]. Furthermore, improved and objective measurement of clinical outcomes should be implemented in clinical trials to determine treatment efficacy. Finally, little research has considered the issues of dose, duration, and potency. If research identifies a therapeutic effect of marijuana for medical or psychiatric conditions, there will need to be revisions in marijuana policy to increase quality control so that dose and potency are valid and reliable. Additionally, risk of abuse and diversion can be decreased by developing prescribing practices with continued supervision of a medical professional, creating prescription monitoring programs to reduce the risk of “doctor shopping” and identifying provisions for the safe disposal of unused cannabinoids. In sum, the current literature does not adequately support the widespread adoption and use of marijuana for medical and psychiatric conditions at this time.

## **Abbreviations**

THC,  $\Delta^9$ -tetrahydrocannabinol; HIV, Human immunodeficiency virus; AIDS, Acquired immunodeficiency syndrome; RCTs, Randomized controlled trials; IOP, Intraocular pressure; MS, Multiple sclerosis; CINV, Chemotherapy-induced nausea and vomiting; HCV, Hepatitis C virus; ALS, Amyotrophic lateral sclerosis; CD, Crohn’s disease; IBD, Inflammatory bowel disease; AD, Alzheimer’s disease; PTSD, Post-traumatic stress disorder; CB1, Cannabinoid type 1; CBD, Cannabidiol.

## **Competing interests**

Dr. Belendiuk holds stock in Shire Pharmaceuticals.

## **Authors’ contributions**

Dr. KAB synthesized the literature and authored sections of the manuscript. Ms. LLB assisted with the literature search and synthesis. Dr. MOB-M conceived the review, assisted in the search and synthesis of existing literature, and authored sections of the manuscript. All authors read and approved the final manuscript.

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From: ["Raymond Greenwood" <greenwd@telus.net>](mailto:Raymond.Greenwood@telus.net)

To: ["Raymond Greenwood" <greenwd@telus.net>](mailto:Raymond.Greenwood@telus.net)

Date: 1/6/2015 9:40:09 PM

Subject: FW: the 61 Marijuana Stores open in the city of Vancouver without City Business Licenses

Good Evening Did you see the CBC News Story tonight by Kirk Williams with Cllr Kerry Jang been interviewed and myself Excellent Story , it should be on again at 11-00pm

Since writing this 5 more stores have opened 1 at 2900 west 4<sup>th</sup> ave, and other 1 is due to open at 3300 west 4<sup>th</sup> now called the West Point Grey Cannabis Store the Happy Tails Dog Store and 2 more on West Broadway

Do we really want our City to be known as the CANNABIS CITY OF CANADA GREEN YES BUT NOT THIS TYPE OF GREEN

Please be aware I have the Rules from Health Canada via The Hon James Moore Office that it is Illegal to sell this Product in Canada , I will be happy to send you the info if you would like to read the rules

Marijuana Medical Stores in the City now 61 as reported by the Vancouver on Dec 29<sup>th</sup> and increasing 1 is due to open at Christy Clarke 's Campaign Office Double Window Store at 3700 west Broadway, in the next week or 2, The Cellar Jazz Store has now become a Retail Store at 3600 Block west Broadway and there is a new store opening at 3100 West Broadway plus 2 more all Close to Bay view School and General Gordon School, Queen Mary Kits High School and West Point Grey Private School It is my Understanding that they do not have City Business Licence at a cost of \$124-00 to \$220-00 ( why do all other Business have to pay this charge)

I went to a store yesterday ask how could I purchase some product and was told do you have 1 of those health conditions , I said Heart, he then said bring in your pill bottle I will give you a free membership and you can buy some which I did, I ask in point blank did he have Business Licence and this is what he said" Gregor Robertson allows us to sell it".( he then informed that no city allows the sale of this illegal product )

All I asking for is a Fair Playing Business Field When I opened my Dunbar Fireworks store I had to Pay \$84-00 for a Licence and \$240-00 Fire Dept. Permit Fee and if I sold any illegal Fireworks or without a permit to purchase a \$500-00 fine .

Raymond Greenwood  
Mr. Fireworks aka Mr. Flasher  
3219 West 2<sup>nd</sup> Ave,  
Vancouver, B.C. V6K 1K9  
Canada

Tel 604-351-3450

[www.Mrfireworks.ca](http://www.Mrfireworks.ca)

**Please Check out My New Web Site**  
**[mrfireworks.ca](http://www.mrfireworks.ca)**

**www.**

From: "[Geraldine Vance \ \(BCPhA\)](mailto:Geraldine.Vance@bcpharmacy.ca)" <[Geraldine.Vance@bcpharmacy.ca](mailto:Geraldine.Vance@bcpharmacy.ca)>

To: "[Robertson, Gregor](mailto:Gregor.Robertson@vancouver.ca)" <[Gregor.Robertson@vancouver.ca](mailto:Gregor.Robertson@vancouver.ca)>

Date: 8/18/2015 4:17:37 PM

Subject: Marijuana Retail Shops

Attachments: MayorRobertsonAug2015Marijuana.pdf

Greetings, Mayor Robertson.

Attached please find a letter from Geraldine Vance, BC Pharmacy Association CEO.

We have copied the following individuals:

George Affleck, Vancouver City Council  
Elizabeth Ball, Vancouver City Council  
Adriane Carr, Vancouver City Council  
Melissa De Genova, Vancouver City Council  
Heather Deal, Vancouver City Council  
Kerry Jang, Vancouver City Council  
Raymond Louie, Vancouver City Council  
Geoff Meggs, Vancouver City Council  
Andrea Reimer, Vancouver City Council  
Tim Stevenson, Vancouver City Council  
Dr. Penny Ballem, City Manager, City of Vancouver  
Adam Palmer, City of Vancouver Chief Constable  
Yvonne Zacharias, Vancouver Sun

Cheers and kind regards,  
Maria

Maria dela Cruz  
Project Coordinator & EA to the CEO  
**BC Pharmacy Association**  
604.269.2861 | [maria.delacruz@bcpharmacy.ca](mailto:maria.delacruz@bcpharmacy.ca) | [www.bcpharmacy.ca](http://www.bcpharmacy.ca)  
1200 West 73rd Avenue, Suite 1530  
Vancouver, BC V6P 6G5

August 18, 2015

Mayor Gregor Robertson  
Vancouver City Hall  
453 West 12<sup>th</sup> Avenue  
Vancouver, BC V5Y 1V4

Dear Mayor Robertson:

The front page headline in today's Vancouver Sun "Hells Angels guard dispensary turf" is alarming on many levels. But, I write to you on a specific issue that I believe must be addressed by the City immediately.

A vast majority of the stores that are selling illegal drugs refer to themselves as "medical marijuana dispensaries". Such labelling is clearly designed to add legitimacy to their products and their businesses. These are not businesses selling medical marijuana as defined by Canada's laws and they are certainly not dispensaries.

As the organization that represents community pharmacists, we are greatly concerned about the general normalization of the drugs being sold in these cannabis retail shops. Under the Pharmacy Operations and Drug Scheduling Act, "dispense" is defined as "the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use."

Under section 1 of the Pharmacy Operations and Drug Scheduling Act – Bylaws, "dispensary" means the area of a community pharmacy that contains Schedule I and II drugs.

Clearly, none of Vancouver's cannabis shops meet the requirements to support the claims of dispensing or dispensaries as defined by legislation. Community pharmacists take seriously their role in providing patients with appropriately prescribed medications under strict guidelines and object to any activity that undermines this role. Legitimizing illegal drug operators by allowing them to advertise themselves as dispensaries does a considerable disservice to legitimate pharmacists and pharmacies. We also believe it puts the public at risk by providing them with a false sense of security that they are buying a "medical" product at a "dispensary".

We call on you to take immediate action to refuse to grant any cannabis retailer a business license that includes the term dispensary in their business name or to use the term in their store signage. Also, any companies that have already been granted a license by the City that include the term in their name should be required to remove it and to cease from making any claims that they are a dispensary. We are aware that some stores include variations on the term "pharmacy" (farmacy etc.). The city should also require such names to be removed from legal names and from signage.

**British Columbia Pharmacy Association**

Suite 1530 - 1200 West 73rd Avenue

Vancouver, BC V6P 6G5

Tel: 604 261-2092 Fax: 604 261-2097

info@bcpharmacy.ca www.bcpharmacy.ca



British Columbia  
Pharmacy Association

*A voice for community pharmacy*

The fact that the media are now referring to Vancouver's pot shops as dispensaries proves that the lines between pharmacies, staffed with trained and licensed pharmacists, and random retailers selling street drugs has become blurred and requires your immediate intervention.

Sincerely,

A handwritten signature in blue ink that reads "Geraldine Vance".

Geraldine Vance

Chief Executive Officer

British Columbia Pharmacy Association

Telephone: (604) 261-2092

Email: [geraldine.vance@bcpharmacy.ca](mailto:geraldine.vance@bcpharmacy.ca)

cc. George Affleck, Vancouver City Council  
Elizabeth Ball, Vancouver City Council  
Adriane Carr, Vancouver City Council  
Melissa De Genova, Vancouver City Council  
Heather Deal, Vancouver City Council  
Kerry Jang, Vancouver City Council  
Raymond Louie, Vancouver City Council  
Geoff Meggs, Vancouver City Council  
Andrea Reimer, Vancouver City Council  
Tim Stevenson, Vancouver City Council  
Dr. Penny Ballem, City Manager, City of Vancouver  
Adam Palmer, City of Vancouver Chief Constable  
Yvonne Zacharias, Vancouver Sun

From: s.22(1)

To: "Jang, Kerry" <Kerry.Jang@vancouver.ca>

Date: 6/1/2015 1:30:55 PM

Subject: Medical Marijuana Regulation

Councillor Jang,

Pursuant to the upcoming hearing , can you assist with the following:

1. Can you recommend that the applicable stores, signs, and advertising be prohibited within 500m of churches or addiction recovery programs and facilities?
2. Would the guidelines as proposed bar the cannabis store currently located on the corner of Broadway and Renfrew?

Thanks.

s.22(1)



From: "Pavan Dhillon" <sup>s.22(1)</sup>

To: "Robertson, Gregor" <Gregor.Robertson@vancouver.ca>  
"Jang, Kerry" <Kerry.Jang@vancouver.ca>

Date: 6/23/2015 10:55:39 AM

Subject: Pharmaceutical Model of MMJ in Vancouver

Good-morning Mayor Gregor Robertson and Councillor Kerry Jang

I'm reaching out to offer assistance to Vancouver City Council, which is addressing regulatory improvements for the emerging medical marihuana (MMJ) industry in our community.

It is understood that Vancouver presents a unique opportunity to pioneer a center of excellence in delivering MMJ. In response to this opportunity, a seasoned business leader, a doctor specializing in pain relief, and myself, a pharmacist, have come together to:

Successfully develop an ethical business model to provide MMJ in a safe and effective manner.

Partner with the City of Vancouver to form a pilot to test the first registered MMJ Pharmacy for improving patient outcomes.

To assist the city in R&D and a create a quality control centre to regulate the sale of cannabis in the city.

Utilize the medical expertise, the science and research skills, and the franchise and retail sales abilities of our founding team to create a best-in-class company.

Ultimately, the end goal is to deliver a 1-3 location pilot aimed at building a winning proof of concept that is repeatable and scalable. To do so, we believe a full disclosure partnership with the City of Vancouver is key to evaluate relevant professional practice policies and regulatory guidelines. We believe this level of private-public partnership will provide the best environment for applying the gold standards in medicine, pharmacy and business to the frontlines of the medical marijuana dispensary industry.

Vancouver is home to both my family and my business; this is what motivates me to use my medical background to help do the right thing for our communities. If you share our vision and feel that we could be of value, my partners will be in Vancouver Monday, June 29th. We would greatly welcome the opportunity to meet with you and continue this discussion.

Thank you for your consideration – I look forward to hearing from you!

Pavan Dhillon RPh BSc(Kin), BScPhm  
President, Cloud Pharmacy Inc.  
[pavan@cloudpharmacy.ca](mailto:pavan@cloudpharmacy.ca)  
[mobile/sms 604-318-2506](tel:604-318-2506)

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Cloud Pharmacy Corp  
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[P:\(647\) 748-1337](tel:647-748-1337) [F:\(647\) 748-1336](tel:647-748-1336)



From: s.22(1)

To: "Jang, Kerry" <Kerry.Jang@vancouver.ca>

Date: 5/28/2015 1:54:55 PM

Subject: Pot dispensary opens in residential building

Hello Councillor Jang –

I understand you are the point person regarding marijuana dispensary issues and am writing to ask your guidance on a recent issue in our building.

Today, May 28, a pot dispensary opened at street level in our building – 518 Beatty Street, Vancouver. The unit is part of our strata building and, as a commercial unit, includes an outside entrance as well as interior entrance via the first floor hallway. There is a downstairs spot as well for this unit that is accessible via that hallway. Tenants reside on both floors, as well as above the unit.

While I understand the City will be attempting to regulate the medicinal industry, I am hopeful there will be a clause to include restrictions on openings in residential buildings – or where others live above or below these facilities. We have many people in the building, and although not today, have had young families with kids who have lived here too. It is a nice building that is suitably priced for first-time buyers and renters.

If you can let me know of any suggestions that would we can pursue this would be appreciated.

Thank you.

s.22(1)

Vancouver

From: ["Claudia Laroye" <claudia@laroye.ca>](mailto:claudia@laroye.ca)

To: ["Correspondence Group, City Clerk's Office" <ccclerk@vancouver.ca>](mailto:ccclerk@vancouver.ca)  
["Reimer, Andrea" <Andrea.Reimer@vancouver.ca>](mailto:Andrea.Reimer@vancouver.ca)  
["Jang, Kerry" <Kerry.Jang@vancouver.ca>](mailto:Kerry.Jang@vancouver.ca)  
["Affleck, George" <George.Affleck@vancouver.ca>](mailto:George.Affleck@vancouver.ca)  
["Carr, Adriane" <Adriane.Carr@vancouver.ca>](mailto:Adriane.Carr@vancouver.ca)  
["Louie, Raymond" <Raymond.Louie@vancouver.ca>](mailto:Raymond.Louie@vancouver.ca)  
["Deal, Heather" <Heather.Deal@vancouver.ca>](mailto:Heather.Deal@vancouver.ca)  
["Ball, Elizabeth" <Elizabeth.Ball@vancouver.ca>](mailto:Elizabeth.Ball@vancouver.ca)  
["De Genova, Melissa" <Melissa.DeGenova@vancouver.ca>](mailto:Melissa.DeGenova@vancouver.ca)  
["Stevenson, Tim" <Tim.Stevenson@vancouver.ca>](mailto:Tim.Stevenson@vancouver.ca)  
["Meggs, Geoff" <Geoff.Meggs@vancouver.ca>](mailto:Geoff.Meggs@vancouver.ca)

Date: 6/10/2015 7:48:52 PM

Subject: Regulation of Medical Marijuana Dispensaries

Dear Mayor and Council,

On behalf of the members of the Marpole BIA, we are writing regarding the proposed regulation of illegal medical marijuana dispensaries in Vancouver.

These businesses have been allowed to proliferate despite breaking Federal law and City of Vancouver bylaws.

This has caused major issues (safety, health, business viability) for our members, visitors and residents.

We request that City of Vancouver bylaws be implemented without prejudice and that all businesses wishing to operate within the City be required to meet all federal laws, provincial laws, and municipal bylaws.

Those operations that are now in violation of the above should be closed until such time as they are meeting all the regulations federally, provincially and municipally. At that time we wish to be consulted regarding policies to regulate such operations to ensure business mix, safety and neighbourhood viability.

Respectfully Submitted,

Claudia Laroye  
Executive Director

=====  
Confidential: This electronic (email) transmission contains confidential information intended only for the addressee(s). Any other recipient is prohibited Sent from my iPhone  
I ♥ Marpole

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**From:** Claudia Laroye <claudia@laroye.ca>  
**Sent:** Wednesday, January 21, 2015 4:37 PM  
**To:** Jang, Kerry  
**Cc:** Deal, Heather; Louie, Raymond; Robertson, Gregor; Tim Stevenson; Meggs, Geoff; Reimer, Andrea; Affleck, George; Ball, Elizabeth; De Genova, Melissa; Carr, Adriane; Proskan, Brenda; CHU, Jim; Nick Pogor; Leanore Sali; Moira McCulloch; Lynn Warwick; Terri Clark; Michelle Broadway Barile; Patricia Barnes; Diamond Chok Nang Liu; Wesley Regan; Rania Hatz; Michelle Broadway Barile; Jane McFadden; Sharon Townsend; Monique Koningstein; Charles Gautier; Annette O'Shea; Lisa Clement; Angela Evans; Joji Kumagai; Stephen Regan; Teri Smith  
**Subject:** Re: Correspondence: Medical Marijuana Dispensaries

Dear Councillor Jang,

Thank you for your detailed response. I agree that the issues as they currently present themselves are complicated and multi-jurisdictional.

We will look forward to discussing these important issues further at the February meeting with Ms. Proskan and City staff.

Best Regards,  
Claudia

On Jan 16, 2015, at 9:53 AM, "Jang, Kerry" <[Kerry.Jang@vancouver.ca](mailto:Kerry.Jang@vancouver.ca)> wrote:

Dear Claudia,

Thank you for your letter regarding medical cannabis dispensaries that have been opening across the city.

The new Federal laws governing medical cannabis that came into effect on April 1, 2014. The new Federal law requires medical cannabis be obtained via mail order from licenced producers and must be smoked. There are also limits as to how much cannabis can be obtained at one time as well as a limited number of strains under this new law. However, these laws do not take into account that many patients – allowable under the previous Federal law – cannot smoke cannabis and have always used extracted the active ingredients in cannabis to create tinctures or oils, or is ingested as food additive. These methods require different quantities of cannabis that the new laws prohibit. Moreover, many patients also had access to strains that had different levels of the active ingredients that are now no longer available. Indeed, these new laws have limited a patients access to medicine and is the basis of the challenge to the new law at the Supreme Court of Canada. The case is presently on-going and has resulted in the growth of these dispensaries that serve patients across the city.

This situation has presented the city with a conundrum. As the lowest order of government, we cannot create a bylaw that would contravene a law or right provided by a senior level of government. Any city action, such as shutting down dispensaries or creating a business licence category for dispensaries would be in contravention to either the new laws on medical cannabis or on the other hand, a patient's right to medicine. The City was able to create bylaws and business

licence categories for body rub parlours for example because Federal and provincial law governing body rub parlours exist and do not conflict with other laws. This is not the case with cannabis dispensaries as I have been advised.

Prior to April 1, 2014, our primary concern with medical cannabis dispensaries were those that marketed to minors and/or trafficking. These cases are referred to VPD for investigation and a number of these shops were closed (and continue to be investigated and closed) under those laws.

I have been in discussion with our staff about the possibility of using existing land use bylaws to begin to regulate medical cannabis dispensaries. For example, the City has bylaws that place rules around the location and number of methadone dispensing pharmacies in an area and can they be applied to medical cannabis dispensaries? I understand you have a meeting with Ms. Brenda Prosken, GM of Community Services and her staff to discuss potential options that can be applied.

Please note that I have asked Ms. Prosken for a memo to Mayor and Council to assist with understanding the issues surrounding dispensaries and steps the City can take to regulate them.

It is my hope that the Health Canada comes to understand that problems they created when they changed the medical cannabis laws. These concerns were directly raised with them by Mayors and Councillors from across the province at the Union of British Columbia Municipalities meeting last year. Other municipalities are reporting the opening of dispensaries as well. The Federal government needs to revise their new regulations to be consistent with other laws. Vancouver City Council formally requested the Federal government create a proper regulatory and tax structure for medical cannabis similar to those that exist for alcohol, tobacco or other prescription medicines by unanimous vote to a motion on this issued I introduced last term. I urge you and all of the BIA's meet with your local MP on the matter because they ultimately hold the solution to this issue and we can create the bylaws to suit.

Warmest regards,

Kerry

Dr. Kerry Jang  
Councillor

---

**From:** Claudia Laroye <mailto:claudia@laroye.ca>

**Sent:** Thursday, January 15, 2015 10:00 PM

**To:** Jang, Kerry

**Cc:** Correspondence Group, City Clerk's Office; Deal, Heather; Louie, Raymond; Robertson, Gregor; Tim Stevenson; Meggs, Geoff; Reimer, Andrea; Affleck, George; Ball, Elizabeth; De Genova, Melissa; Carr, Adriane; Prosken, Brenda; CH, Jim; Mick Pogor; Leanore Sali; Moira McCulloch; Lynn Marick; Terri Clark; Michelle Broadway Barile; Patricia Barnes; Diamond Chokang Liu; Wesley Regan; Rania Hatz; Michelle Broadway Barile; Jane Mcadden; Sharon Townsend; Monique Koningstein; Charles Gautier; Annette Shea; Lisa Clement; Angela Evans; Joji Kumagai; Stephen Regan; Teri Smith

**Subject:** Correspondence: Medical Marijuana Dispensaries

Dear Councillor Jang,

Please find attached an item of correspondence from the Marpole Business Association BIA, on the subject of medical marijuana dispensaries. A hard copy of the letter is being mailed to you in follow up.

Thank you for your assistance and consideration.

Best Regards,  
Claudia

=====  
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=====

Claudia M. Laroye  
Executive Director, Marpole Business Association (BIA)  
201 - 8623 Granville St | Vancouver, BC | V6P 5A2  
tel. 604.418.8232 | fax 604.677.2750  
e [marpolebia@marpoleonline.com](mailto:marpolebia@marpoleonline.com)  
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t @marpolevillage

I ♥ Marpole



From: "Geraldine Vance \ (BCPhA)" <Geraldine.Vance@bcpharmacy.ca>  
To: "Ballem, Penny" <Penny.Ballem@vancouver.ca>  
"Robertson, Gregor" <Gregor.Robertson@vancouver.ca>  
Date: 8/24/2015 11:26:00 AM  
Subject: RE: Marijuana Retail Shops - BCPhA public hearing submission

Hello, Look forward to a meeting with the appropriate people on city staff.

g

---

**From:** Ballem, Penny [mailto:Penny.Ballem@vancouver.ca]  
**Sent:** Monday, August 24, 2015 11:19 AM  
**To:** Geraldine Vance (BCPhA) <Geraldine.Vance@bcpharmacy.ca>; Robertson, Gregor <Gregor.Robertson@vancouver.ca>  
**Cc:** Affleck, George <George.Affleck@vancouver.ca>; Ball, Elizabeth <Elizabeth.Ball@vancouver.ca>; Carr, Adriane <Adriane.Carr@vancouver.ca>; De Genova, Melissa <Melissa.DeGenova@vancouver.ca>; Deal, Heather <Heather.Deal@vancouver.ca>; Jang, Kerry <Kerry.Jang@vancouver.ca>; Louie, Raymond <Raymond.Louie@vancouver.ca>; Meggs, Geoff <Geoff.Meggs@vancouver.ca>; Reimer, Andrea <Andrea.Reimer@vancouver.ca>; Stevenson, Tim <Tim.Stevenson@vancouver.ca>; chief.constable@vpd.ca; yzacharias@vancouver.sun.com  
**Subject:** Re: Marijuana Retail Shops - BCPhA public hearing submission

Thank you Geraldine - pb

Penny Ballem  
City Manager

---

**From:** Geraldine Vance (BCPhA)  
**Sent:** Monday, August 24, 2015 10:00 AM  
**To:** Robertson, Gregor  
**Cc:** Affleck, George; Ball, Elizabeth; Carr, Adriane; De Genova, Melissa; Deal, Heather; Jang, Kerry; Louie, Raymond; Meggs, Geoff; Reimer, Andrea; Stevenson, Tim; Ballem, Penny; [chief.constable@vpd.ca](mailto:chief.constable@vpd.ca); [yzacharias@vancouver.sun.com](mailto:yzacharias@vancouver.sun.com)  
**Subject:** RE: Marijuana Retail Shops - BCPhA public hearing submission

Greetings,

Attached please find the BC Pharmacy Association's submission to the City of Vancouver's public hearing on June 10, 2015, regarding the city's proposal to regulate medical marijuana shops. The letter was sent to City Council on June 3, 2015.

Sincerely,  
Maria dela Cruz

---

**From:** Maria dela Cruz (BCPhA) **On Behalf Of** Geraldine Vance (BCPhA)  
**Sent:** August-18-15 4:18 PM  
**To:** 'gregor.robertson@vancouver.ca' <[gregor.robertson@vancouver.ca](mailto:gregor.robertson@vancouver.ca)>  
**Cc:** 'clraffleck@vancouver.ca' <[clraffleck@vancouver.ca](mailto:clraffleck@vancouver.ca)>; 'clrball@vancouver.ca' <[clrball@vancouver.ca](mailto:clrball@vancouver.ca)>; 'clrcarr@vancouver.ca' <[clrcarr@vancouver.ca](mailto:clrcarr@vancouver.ca)>; 'clrdegenova@vancouver.ca' <[clrdegenova@vancouver.ca](mailto:clrdegenova@vancouver.ca)>; 'clrdeal@vancouver.ca' <[clrdeal@vancouver.ca](mailto:clrdeal@vancouver.ca)>; 'clrjang@vancouver.ca' <[clrjang@vancouver.ca](mailto:clrjang@vancouver.ca)>; 'clrlouie@vancouver.ca' <[clrlouie@vancouver.ca](mailto:clrlouie@vancouver.ca)>; 'clrmeggs@vancouver.ca' <[clrmeggs@vancouver.ca](mailto:clrmeggs@vancouver.ca)>; 'clrreimer@vancouver.ca' <[clrreimer@vancouver.ca](mailto:clrreimer@vancouver.ca)>; 'clrstevenson@vancouver.ca' <[clrstevenson@vancouver.ca](mailto:clrstevenson@vancouver.ca)>; 'penny.ballem@vancouver.ca' <[penny.ballem@vancouver.ca](mailto:penny.ballem@vancouver.ca)>; 'chief.constable@vpd.ca' <[chief.constable@vpd.ca](mailto:chief.constable@vpd.ca)>; 'yzacharias@vancouver.sun.com' <[yzacharias@vancouver.sun.com](mailto:yzacharias@vancouver.sun.com)>  
**Subject:** Marijuana Retail Shops

Greetings, Mayor Robertson.

Attached please find a letter from Geraldine Vance, BC Pharmacy Association CEO.

We have copied the following individuals:

George Affleck, Vancouver City Council  
Elizabeth Ball, Vancouver City Council  
Adriane Carr, Vancouver City Council  
Melissa De Genova, Vancouver City Council  
Heather Deal, Vancouver City Council  
Kerry Jang, Vancouver City Council  
Raymond Louie, Vancouver City Council  
Geoff Meggs, Vancouver City Council  
Andrea Reimer, Vancouver City Council  
Tim Stevenson, Vancouver City Council  
Dr. Penny Ballem, City Manager, City of Vancouver  
Adam Palmer, City of Vancouver Chief Constable  
Yvonne Zacharias, Vancouver Sun

Cheers and kind regards,  
Maria

Maria dela Cruz  
Project Coordinator & EA to the CEO  
**BC Pharmacy Association**  
604.269.2861 | [maria.delacruz@bcpharmacy.ca](mailto:maria.delacruz@bcpharmacy.ca) | [www.bcpharmacy.ca](http://www.bcpharmacy.ca)  
1200 West 73rd Avenue, Suite 1530  
Vancouver, BC V6P 6G5

From: s.22(1)  
To: "[Jang, Kerry](mailto:Kerry.Jang@vancouver.ca)" <Kerry.Jang@vancouver.ca>  
Date: 5/28/2015 3:12:49 PM  
Subject: Re: Pot dispensary opens in residential building

Thank you again.

s.22(1)

On May 28, 2015, at 3:12 PM, Jang, Kerry <Kerry.Jang@vancouver.ca> wrote:

Hi s.22(1)

Sorry for my quick reply as I am en route to Asia. At airport now.

I can't comment as we are going into public hearing so have sent your letter to staff to try to take into account your circumstances in new bylaws being proposed

Warm regards Kerry

Sent from my iPhone

> On May 28, 2015, at 1:54 PM, s.22(1) wrote:  
>  
> Hello Councillor Jang –  
>  
> I understand you are the point person regarding marijuana dispensary issues and am writing to ask your guidance on a recent issue in our building.  
>  
> Today, May 28, a pot dispensary opened at street level in our building – 518 Beatty Street, Vancouver. The unit is part of our strata building and, as a commercial unit, includes an outside entrance as well as interior entrance via the first floor hallway. There is a downstairs spot as well for this unit that is accessible via that hallway. Tenants reside on both floors, as well as above the unit.  
>  
> While I understand the City will be attempting to regulate the medicinal industry, I am hopeful there will be a clause to include restrictions on openings in residential buildings – or where others live above or below these facilities. We have many people in the building, and although not today, have had young families with kids who have lived here too. It is a nice building that is suitably priced for first-time buyers and renters.  
>  
> If you can let me know of any suggestions that would we can pursue this would be appreciated.  
>  
> Thank you.  
>  
> s.22(1)  
>





From: [greenwd@telus.net](mailto:greenwd@telus.net)

To: [Mr.Fireworks <mr.fireworks@telus.net>](mailto:Mr.Fireworks@telus.net)

s.22(1)

[apalmer@vpd.ca](mailto:apalmer@vpd.ca)

[SARAH.TODA@GOV.BC.CA](mailto:SARAH.TODA@GOV.BC.CA)

["Suzanne Anton"](#) s.22(1)

s.22(1)

Date: 5/29/2015 7:35:33 AM

RE: WELL IT HAS HAPPEN THERE IS NOW A KARUHA health foundation AT 3636

Subject: WEST 4TH AVE OPENS TODAY Christy CLARK" former campaign office now 96 stores and growing . when will it stop

Sorry there is another new just opened on Beatty Street downtown I was just informed More stores than Starbucks in Vancouver now 98 and growing

-----Original Message-----

From: [greenwd@telus.net](mailto:greenwd@telus.net) [mailto:[greenwd@telus.net](mailto:greenwd@telus.net)]

Sent: Friday, May 29, 2015 7:18 AM

To: 'Mr.Fireworks'; s.22(1)

s.22(1)

'[apalmer@vpd.ca](mailto:apalmer@vpd.ca)'; '[SARAH.TODA@GOV.BC.CA](mailto:SARAH.TODA@GOV.BC.CA)';

s.22(1)

Cc: '[joyce.murray.c1a@parl.gc.ca](mailto:joyce.murray.c1a@parl.gc.ca)'; '[clrlouie@vancouver.ca](mailto:clrlouie@vancouver.ca)';

'[clrdeal@vancouver.ca](mailto:clrdeal@vancouver.ca)'; '[clrreimer@vancouver.ca](mailto:clrreimer@vancouver.ca)'; '[clrjang@vancouver.ca](mailto:clrjang@vancouver.ca)';

'[clrstevenson@vancouver.ca](mailto:clrstevenson@vancouver.ca)'; '[gregor.robertson@vancouver.ca](mailto:gregor.robertson@vancouver.ca)';

'[tyspeer@tourismvancouver.com](mailto:tyspeer@tourismvancouver.com)'; 'ian tostenson'; 'Ian Robertson';

'[paul.leblanc@fastsigns.com](mailto:paul.leblanc@fastsigns.com)'; '[ptsatouhas@gffg.com](mailto:ptsatouhas@gffg.com)'; '[clrball@vancouver.ca](mailto:clrball@vancouver.ca)';

'[clraffleck@vancouver.ca](mailto:clraffleck@vancouver.ca)'; '[clrjang@vancouver.ca](mailto:clrjang@vancouver.ca)'; 'Heyman.MLA, George';

'Hilary Wooller'; 'Don McDonald'; '[lee.buckingham@vpd.ca](mailto:lee.buckingham@vpd.ca)'; 'Sullivan.MLA,

Sam'; 'Sandra Thomas'; '[sarah.hicks@vancouver.ca](mailto:sarah.hicks@vancouver.ca)'; 'Aalto Kari'; 'Kirk

Williams'; 'John Daly'; 'CHU, Joe'; John Starkey; '[rick.cluff@cbc.ca](mailto:rick.cluff@cbc.ca)'; s.22(1)

s.22(1)

HOOPER, Ryan; matthew greenwood

s.22(1)

Subject: WELL IT HAS HAPPEN THERE IS NOW A KARUHA health foundation AT 3636 WEST 4TH AVE OPENS TODAY Christy CLARK" former campaign office now 96 stores and growing . when will it stop

Today this new store opens , please do stop by and purchase some Where Quality lives product (so there ad says), I saw there was store on the entrance to Granville Island yesterday right behind the Starbucks

WHEN WILL THIS MADDNESS STOP WHEN WILL CITY HALL SHUT THEM ALL DOWN!  
JUST LIKE BURNABY AND NORTH VANCOUVER

RAYMOND GREENWOOD  
604-351-3450



-----Original Message-----

From: greenwd@telus.net [mailto:greenwd@telus.net]

Sent: Friday, April 17, 2015 6:28 AM

To: 'Mr.Fireworks'; s.22(1)

s.22(1) apalmer@vpd.ca

Cc: joyce.murray.c1a@parl.gc.ca; clrlouie@vancouver.ca;  
clrdeal@vancouver.ca; clrreimer@vancouver.ca; clrjang@vancouver.ca;  
clrstevenson@vancouver.ca; gregor.robertson@vancouver.ca;  
tyspeer@tourismvancouver.com; 'ian tostenson'; 'Ian Robertson';  
paul.leblanc@fastsigns.com; ptsatouhas@gffg.com; clrball@vancouver.ca;  
clraffleck@vancouver.ca; clrjang@vancouver.ca; 'Heyman.MLA, George'; 'Hilary  
Wooller'; 'Don McDonald'; lee.buckingham@vpd.ca; 'Sullivan.MLA, Sam';  
'Sandra Thomas'; sarah.hicks@vancouver.ca; 'Aalto Kari'; 'Kirk Williams';  
'John Daly'

Subject: RE: Marijuana Stores now 89 stores in the city of Vancouver See  
Great Letter in today's Vancouver Sun Letters B7 from Minister Rona Ambrose  
Minster of Health . a person telling the REAL TRUTH

Please read the real truth, something I have been saying since Oct last  
year, the selling of Marijuana is illegal and against any Federal Govt law ,  
Please stop NOW,

RAYMOND/

Mr.Fireworks aka Mr.Flasher aka the King of Bling  
3219 West 2nd Ave Vancouver, BC,  
V6k 1k9

Office 604 736-4374

Cell 604-351-3450

[www.mrfireworks.ca](http://www.mrfireworks.ca)

-----Original Message-----

From: Mr.Fireworks [mailto:mr.fireworks@telus.net]

Sent: January 16, 2015 6:52 AM

Cc: joyce.murray.c1a@parl.gc.ca; clrlouie@vancouver.ca;  
clrdeal@vancouver.ca; clrreimer@vancouver.ca; clrjang@vancouver.ca;  
clrstevenson@vancouver.ca; gregor.robertson@vancouver.ca;  
tyspeer@tourismvancouver.com; ian tostenson; 'Ian Robertson';  
paul.leblanc@fastsigns.com; ptsatouhas@gffg.com; clrball@vancouver.ca;  
clraffleck@vancouver.ca; clrjang@vancouver.ca; Heyman.MLA, George; Hilary  
Wooller; Don McDonald; lee.buckingham@vpd.ca; yuki@woofdogshoppe.com;  
Sullivan.MLA, Sam; Sandra Thomas; sarah.hicks@vancouver.ca; Aalto Kari; Kirk  
Williams; 'John Daly'

Subject: Marijuna Stores 61 and More Growing Open has I email this to you

Good Morning is this what we really want our Green Beautifully  
City of Vancouver to know for 61 stores selling this product to under age  
adults, smoking in the back of the store, Handing out this forms at to  
Citizen of Vancouver including <sup>s.22(1)</sup> [REDACTED],  
Please read all these news clips, We now have 11 stores in between MacDonald  
and Dunbar , They do not have a City Business License, are they paying Provincial  
and Federal Tax,? why should Jolly's Restaurant 2778 West 4th Ave pay  
\$1300-00 city license and they have 2 stores right next door to  
him paying NOTHING , Brock House Restaurant pay a very large License  
, Do they have Building Insurance ? It is not fair to All the Business of  
Vancouver and to the Citizens of Vancouver ,

This should be look at by City Council right away before we have more  
stores opening in Vancouver to join the other 61 Stores already selling  
this product which is Illegal ( please see the Canada Health Act which I can  
email you if you would like to read it )

I am just a concern citizen who does not like to see our children walking  
by all these stores ( we have 5 schools in the area)

Raymond Greenwood  
604-351-3450

From: ["Coco Lefoka \ \(BCPhA\)" <coco.Lefoka@bcpharmacy.ca>](mailto:coco.Lefoka@bcpharmacy.ca)

To: ["Jang, Kerry" <Kerry.Jang@vancouver.ca>](mailto:Kerry.Jang@vancouver.ca)

Date: 6/4/2015 9:51:48 AM

Subject: Submission to marijuana public hearing

Attachments: BC Pharmacy Submission - City of Vancouver City Council Medical Marijuan....pdf

Hi Kerry:

I hope you are well. I'm writing as a courtesy, to give you a heads up about our submission to the public hearing on medical marijuana shops (attached). We are calling for the enforcement of the law and regulations.

As our members are health care professionals, the regulation and distribution of narcotics is an important matter. For pharmacists, counselling and guidance on the safe and appropriate use of narcotics or controlled substances is a legislated practice requirement.

Of particular concern is that some of these marijuana shops are referring to themselves as dispensaries. They're not as dispensing is clearly defined in law: "dispense" is "the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use."

Our members are also concerned about the safety of patients who are on medication regimens accessing marijuana from unregulated stores without receiving adequate or appropriate guidance on potential interactions with other medications.

I've advised Kevin and Braeden in the Mayor's office of the submission. But I wanted to share it with you as well so you are aware of it ahead of the hearing.

If you have any questions please feel free to contact me.

Best.

Letlotlo "Coco" Lefoka

Manager, Public Affairs

**BC Pharmacy Association**

T: 604-269-2868 E: [coco.lefoka@bcpharmacy.ca](mailto:coco.lefoka@bcpharmacy.ca) W: [www.bcpharmacy.ca](http://www.bcpharmacy.ca)

1200 West 73rd Avenue, Suite 1530

Vancouver, BC V6P 6G5

#### NOTICE OF CONFIDENTIALITY

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June 3, 2015

Vancouver City Hall  
City Clerk's Office  
3rd Floor - 453 West 12th Ave  
Vancouver, BC V5Y 1V4L2

Dear Vancouver City Council Members:

This letter serves as the BC Pharmacy Association's submission to the City of Vancouver's public hearing on June 10, 2015, regarding the city's proposal to regulate medical marijuana shops.

First, let us acknowledge the fact that all 84 cannabis stores are without doubt illegal operations.

As the organization that represents community pharmacists, it is disturbing to see many of the cannabis stores hang out their shingle with the proclamation that they are medical marijuana dispensaries.

Under the *Pharmacy Operations and Drug Scheduling Act*, "dispense" is defined as "the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use."

Under section 1 of the *Pharmacy Operations and Drug Scheduling Act* — Bylaws, "dispensary" means the area of a community pharmacy that contains Schedule I and II drugs.

Clearly, none of Vancouver's pot shops meet the criteria to be called a dispensary. It is a great disservice to our community to try to normalize marijuana as a harmless product, available on every street corner that can be used to address a wide range of ailments.

We deserve considerably more from city council than the approach being taken to address this problem. Medical marijuana regulations are clear — they do not allow municipalities the authority to regulate the sale of marijuana. We need you to enforce the law and keep people safe.

Leave it to the health-care professionals to help the many patients in need of pain and chronic disease management, not entrepreneurs looking to make a fast buck.

Yours truly,

A handwritten signature in cursive script that reads "Geraldine Vance".

Geraldine Vance  
CEO, BC Pharmacy Association

Cc: His Worship Gregor Robertson, Mayor of the city of Vancouver

From: "Brian Johnson" <thpc@shaw.ca>

To: "Robertson, Gregor" <Gregor.Robertson@vancouver.ca>

Date: 6/12/2015 11:11:40 AM

Subject: Vancouver NAC Model For Better Dispensaries

Attachments: NAC presentation.pptx  
Principles of dispensing Medicial Marijuana.docx

Dear Mayor Gregor Robertson & Counsellor Kerry Jang - National Access Cannabis ([www.nationalaccesscannabis.com](http://www.nationalaccesscannabis.com)) is a Victoria & Ottawa storefront medical marijuana education service to medical marijuana patients & consumers that provides onsite access to a trained pharmacist with 1,400 pharmacists & 2,400 physicians coast to coast via Skype & in person to assist consumers with proper dosages to suit their specific healthcare needs. This model is being lobbied to Minister of Health Rona Ambrose presently.

Attached is a professional protocol format to improve dispensaries in Vancouver while providing consumers/patients with a NAC ID card to allow possession of cannabis acceptable by the police with proprietary age ID software superior to any other software on the market today. This model would suit Vancouver well.

It is vital that the highest standards of pharmaceutical & medical standardization of dosages per patient is maximized in Vancouver. Victoria has received similiar information previously.

If we can help your process to find best practices & public wellness within the emerging new market, our team is more than willing to attend Vancouver meetings or conference calls, as need be.

Sincerely Yours- Brian Johnson  
Consultant to National Access Cannabis  
[thpc@shaw.ca](mailto:thpc@shaw.ca)  
250-748-2707

--

Dave Godfrey

Principles of dispensing Medicial Marijuana. DR. W. D. Godfrey

\*\*\*\*\*

In order to protect patients and neighbourhoods and anyone under 21 years of age, I recommend Eight additions to the Bylaw amendments Robert Woodland outlined on page 9 of the Government and Priorities Committee Report to be presented to Council on May 7<sup>th</sup>. I agree with all his recommendations on page 9.

I believe these eight would help to reduce the 3 Impacts noted at the end of Option 3 (page 10 & 11):

- 1) Dispensing should be undertaken within what is termed a Pharmacy model for Medical Marijuana
- 2) Only tested and certified marijuana from a Canadian Licenced Producer would be dispensed.
- 3) Each business (and store) would employ a Licenced Pharmacist with specialized training in Medical Marijuana (also accredited by CCCEP).
- 4) Each accredited patient would have a plasticized card which would have an identity picture and link him or her to a database showing a database of their doctor, their diagnosis, and their purchases.
- 5) The licensed pharmacist would supervise all assisting staff to ensure guidelines are always followed.
- 6) The pharmacy software would be of fully professional quality and capable of being incorporated into the Provincial health information systems as that is ever approved. This would, among other purposes, ensure that patients avoided cross-indicted situations, such as cannabis and blood thinners being taken in the same time frame.
- 7) This pharmacy/dispensary would be limited only to the sale of marijuana (with THC) and Cannabidiol (CBD) or combinations thereof as needed for specific medical conditions in their natural form (that is not concentrated to a level they would not reach within any given single plant (this testing would be done at the federal level in the licenced plants).
- 8) All medical supplied would be kept overnight within a walk-in cooler vault: to prevent against theft or other misuse.

My friend is Alex Abellan who started the company known as NAC (National Access Cannnabis) in Victoria and then later moved the idea to central Canada and organized funding to make it a National Organization based on his initial Victoria model. His brother brother is a deeply addicted drug user and Alec has been dedicated to improving the lot of the homeless and the addicted. He took over his father's construction build when his father died of cancer.

As the original CEO of NAC he has recently turned over that position to Gulwant Bajwa, who retired as Manager of medical marijuana at Health Canada to take this position. Gulwant works at the Ottawa headquarters now bu Alex can organize to have him come to Victoria at the convenience of the Council. At the moment he is working with the Government in Ottawa to find the best way for Ottawa to work with NAC to develop the NAC model across the country, especially in BC. This is shown in the PPT I have attached.



NATIONAL ACCESS  
**CANNABIS**



# Bridging the Gaps

**National Access Cannabis** is devoted to improving patients' quality of life by creating local alternative care centres in every region of Canada.

The current MMPR program leaves **gaps** that NAC is designed to bridge:

- **Direct patient education** on the risks of using cannabis. This includes discussing pre-dispositions to schizophrenia, risk to youth, and drug interaction consultation by a pharmacist.
- **WinRx pharmacy software** that is designed to track narcotics, monitoring interactions, and confirm the physician's recommendations.
- **Ongoing follow-up care** and monitoring for addiction risks.
- **Enhanced security** and controls against black market divergence – *the NAC Access Card*.
- **Exclusively recommends Licensed Producers** for safer, healthier, more medically tailored cannabis supply.



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)

# Partnering with Health Care

- NAC is working with **Canadian Health Systems Inc.**
- Networked to **2,400 physicians** and maintain patient records for over **5,000,000 Canadians**
- Allows **telemedicine** from a NAC facility with a doctor
- NAC ONLY recommends approved Health Canada Licensed Producers as a source of supply



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)



# Meeting the Needs of Law Enforcement

Developed in consultation with law enforcement, the NAC Access Card is designed to fulfill a checklist of requirements.

- All cards **comply with CPIC guidelines** for authentication similar to a passport application
- **Verify ownership and access data 24/7** using any computer or mobile device
- All relevant verification information is **available on screen**
- **SterlingBackcheck™ authentication** and industry-leading technology paired with WinRx™ software
- **Combats black/grey market diversion associated** with counterfeit authorizations (current system is very susceptible to such forgery)



NATIONAL ACCESS  
CANNABIS

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)

# Why Black Market Dispensaries Get Used

Why do individuals continue to support black market access to medical marijuana when the MMPR program exists?

- **Same day easy access** to product (no time without their medicine)
- **Variety** of strains to choose from
- **Small quantities** can be purchased (no 5 gram minimum)
- **Product always available** – zero inventory issues
- **No MMPR required** (not all dispensaries but many)
- **No address needed** – alternative for people without a fixed address or people who do not want to share their address



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)



# Key Problems with Black Market Dispensaries

What are the main reasons to be concerned about individuals using these dispensaries to access medical marijuana?

- **Product Safety** – Since the product dispensed is unregulated, the quality is typically sub standard and can have harmful pesticides and molds.
- **Medicinal Quality** – The unregulated product varies greatly in quality and in the levels of the various compounds in the cannabis.
- **Little or no user education** and after-care support.
- **Zero consultation with pharmacist or doctor**, and no systems such drug interaction software and monitoring.
- **No security systems developed** in consultation with law enforcement, such as a recognized access card system.
- **It's illegal!**



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)

# Helping Health Canada Bridge the Gap

**Option 1:** Work with NAC on a pilot program to dispense product using the NAC model and only providing *Licensed Producer* product.

A viable replacement for illegal dispensaries:

- **Only MMPR patients will be served**
- **Exclusive use of Licensed Producers**
- Same day, easy access to product (no time without access to medicine)
- Variety of strains to choose from
- Ability to purchase small quantities
- Steady inventory supply
- Alternative for people without a fixed address or people who do not want their address public
- Direct patient education on the risks of using cannabis, pre-dispositions to schizophrenia risk to youth
- Drug interaction consultation by a pharmacist.
- WinRx pharmacy software for tracking and confirming the physician's recommendation
- Ongoing follow-up care and monitoring for addiction risks
- **Security and divergence prevention – *the NAC Access Card***
- **Delivered to the end user by hand. No Diversion!**



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)



# Helping Health Canada Bridge the Gap

**Option 2:** Work with NAC on a pilot program to allow caregiver status using the NAC model only providing *Licensed Producer* product.

- **Only MMPR patients will be served**
- **Exclusive use of Licensed Producers**
- Alternative for people without a fixed address or people who do not want their address public
- Direct patient education on the risks of using cannabis, pre-dispositions to schizophrenia risk to youth
- Drug interaction consultation by a pharmacist.
- WinRx pharmacy software for tracking and confirming the physician's recommendation
- Ongoing follow-up care and monitoring for addiction risks
- **Security and divergence prevention – *the NAC Access Card***
- **Delivered to the end user by hand. No Diversion!**



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)

# Helping Health Canada Bridge the Gap

**Option 3:** Work with NAC on a pilot program to allow limited dispensing rights with caregiver status, using the NAC model and only providing Licensed Producer product. (Limited Dispensing = ability to buy in bulk)

- **Only MMPR patients will be served**
- **Exclusive use of Licensed Producers**
- Ability to purchase small quantities
- Alternative for people without a fixed address or people who do not want their address public
- Direct patient education on the risks of using cannabis, pre-dispositions to schizophrenia risk to youth
- Drug interaction consultation by a pharmacist.
- WinRx pharmacy software for tracking and confirming the physician's recommendation
- Ongoing follow-up care and monitoring for addiction risks
- **Security and divergence prevention – *the NAC Access Card***
- **Delivered to the end user by hand. No Diversion!**



NATIONAL ACCESS  
**CANNABIS**

[nationalaccesscannabis.com](http://nationalaccesscannabis.com)



## Principles of dispensing Medicial Marijuana

In order to protect patients and neighbourhoods and anyone under 21 years of age, we recommend some additions to the Bylaw amendments outlined on page 9 of the Government and Priorities Committee Report to be presented to Council on May 7<sup>th</sup>. We believe these would help to reduce the 3 Impacts noted at the end of Option 3 (page 10 & 11):

- 1) Dispensing should be undertaken within what is termed a Pharmacy model for Medical Marijuana
- 2) Only tested and certified marijuana from a Canadian Licenced Producer would be dispensed.
- 3) Each business (and store) would employ a Licenced Pharmacist with specialized training in Medical Marijuana (also accredited by CCCEP).
- 4) Each accredited patient would have a plasticized card which would have an identity picture and link him or her to a database showing a database of their doctor, their diagnosis, and their purchases.
- 5) The licensed pharmacist would supervise all assisting staff to ensure guidelines are always followed.
- 6) The pharmacy software would be of fully professional quality and capable of being incorporated into the Provincial health information systems as that is ever approved. This would, among other purposes, ensure that patients avoided cross-indicted situations, such as cannabis and blood thinners being taken in the same time frame.
- 7) This pharmacy/dispensary would be limited only to the sale of marijuana (with THC) and Cannabidiol (CBD) or combinations thereof as needed for specific medical conditions in their natural form (that is not concentrated to a level they would not reach within any given single plant (this testing would be done at the federal level in the licenced plants).
- 8) All medical supplied would be kept overnight within a walk-in cooler vault: to prevent against theft or other misuse.

10:27 wed am

s.22(1)

Dear s.22(1)

I have read the G&P Committee Report planned for the meeting of May 7th and actually have some information on this situation which may have been missed.

Let me give a response to the Report and then some information about what I have learned from an old friend who has been in Victoria quite a while. The Report offers 3 options. 1 would let the current condition fester, perhaps turns more violent and keep the provision of medical marijuana underground. Richer people will perhaps buy from the

plants in Duncan and Nanaimo, but most will continue to buy grow-op pot in large amounts but will minimal security for themselves and the neighbourhood.

Option 2, driving the existing groups of of the city will increase the cost, make it even easier to sell to recreational users, and be of no benefit to medical users.

Option 3, moving towards a Hearing in September along the Vancouver new model, will keep the current supply moving towards those who need it and improve the safety of neighbours somewhat.

What I recommend is that the following restrictions be added to the proposed bylaw amendment, which would move it far closer to the goals which this Council seems to have espoused for over a decade.

Principles of dispensing Medicial Marijuana. DR. W. D. Godfrey

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In order to protect patients and neighbourhoods and anyone under 21 years of age, I recommend Eight additions to the Bylaw amendments Robert Woodland outlined on page 9 of the Government and Priorities Committee Report to be presented to Council on May 7<sup>th</sup>. I agree with all his recommendations on page 9.

I believe these eight would help to reduce the 3 Impacts noted at the end of Option 3 (page 10 & 11):

- 1) Dispensing should be undertaken within was is termed a Pharmacy model for Medical Marijuana
- 2) Only tested and certified marijuana from a Canadian Licenced Producer would be dispensed.
- 3) Each business (and store) would employ a Licenced Pharmacist with specialized training in Medical Marijuana (also accredited by CCCEP).
- 4) Each accredited patient would have a plasticized card which would have an identity picture and link him or her to a database showing a database of their doctor, their diagnosis, and their purchases.
- 5) The licensed pharmacist would supervise all assisting staff to ensure guidelines are always followed.
- 6) The pharmacy software would be of fully professional quality and capable of being incorporated into the Provincial health information systems is that is ever approved. This would, among other purposes, ensure that patients avoided cross-indicted situations, such as cannabis and blood thinners being taken in the same time frame.

7) This pharmacy/dispensary would be limited only to the sale of marijuana (with THC) and Cannabidiol (CBD) or combinations thereof as needed for specific medical conditions in their natural form (that is not concentrated to a level they would not reach within any given single plant (this testing would be done at the federal level in the licenced plants).

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My friend is Alex Abellan who started the company known as NAC (National Access Cannnabis) in Victoria and then later moved the idea to central Canada and organized funding to make it a National Organization based on his initial Victoria model. His brother brother is a deeply addicted drug user and Alec has been been dedicated to improving the lot of the homeless and the addicted. He took over his father's construction build when his father died of cancer.

As the original CEO of NAC he has recently turned over that position to Gulwant Bajwa, who retired as Manager of medical marijuana at Health Canada to take this position. Gulwant works at the Ottawa headquarters now bu Alex can organize to have him come to Victoria at the convenience of the Council. At the moment he is working with the Government in Ottawa to find the best way for Ottawa to work with NAC to develop the NAC model across the country, especially in BC. This is shown in the PPT I have attached.

By the way, I am so happy about the work are doing in moving ahead with sewage options--and I hope this information will help you deal with this challenge. Certainly the other 2 options have fairly predictable outcomes.

I shall send a version of this to the other Councillors.

--

Dave Godfrey

s.22(1)

Thanks for all the progress moving sewage to newer technologies-we all hope

Here's is something else you may be involved with, and my letter this afternoon to s.22(1)

s.22(1)

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I hope this information will help you and others to deal with this challenge. Certainly the other 2 options have fairly predictable outcomes.

I shall send this to the other Councillors.

s.22(1) He's in charge of BC. This is not a BC innovation, it is a Victoria innovation.

--

Dave Godfrey

From: "[Carol Lee](mailto:calee@linacare.com)" <[calee@linacare.com](mailto:calee@linacare.com)>

To: "[Jang, Kerry](mailto:Kerry.Jang@vancouver.ca)" <[Kerry.Jang@vancouver.ca](mailto:Kerry.Jang@vancouver.ca)>

Date: 6/10/2015 8:11:02 PM

Subject: VCRC Letter regarding medicinal marijuana dispensaries

Attachments: VCRC-Letter to City Council regarding Medical Mariguana-June 9.pdf

Dear Kerry,

Thanks again for making time to get together a few weeks ago and for all you are doing to help Chinatown. We really appreciate it especially since it is a precarious time for our community.

Please find attached a letter that was sent on behalf of VCRC to the Mayor and City Council regarding the medicinal marijuana dispensaries. As you might imagine, there is strong opposition in the community against allowing them in Chinatown as we are already fighting so hard to maintain the bit of cultural heritage we have left.

I hope you had a great trip to Asia. Hope to see you again soon!

Best regards,

Carol

**Carol Lee**

**Linacare Cosmethery Inc.**

**Third Floor, 127 East Pender Street**

**Vancouver, BC V6A 1T6 Canada**

**O (604) 899-5462 | F (604) 899-5482**

**[calee@linacare.com](mailto:calee@linacare.com) | [www.linacare.com](http://www.linacare.com)**

# Vancouver Chinatown Revitalization Committee

June 9, 2015

CITY OF VANCOUVER  
453 West 12 Avenue  
Vancouver, B.C.  
V5Y 1V4

Attn.: His Worship, Mayor Robertson and City Councilors

Re: Proposed Regulation of Retail Medical Marijuana Dealers-Related Uses

Dear Sirs or Madames:

We wish to state our opposition to the recommendations in the report by the Chief License Inspector and the General Manager of Planning and Development Services regarding the regulations of retail dealers of Medical Marijuana.

We are against the the recommendation that Hastings and Main Streets be the two corridors in the DTES where dispensaries are allowed as Hastings Street runs adjacent to Chinatown and Main Street runs through it. Chinatown has already been negatively affected by the drug culture that has plagued the DTES. We in the Chinatown Community have struggled to revitalize our community. We feel that our hard fought efforts will be undone by allowing dispensaries to operate in our neighbourhood. Already Chinatown, a historic national landmark, is at risk of being destroyed if we do not take serious steps to preserve its character.

We seek the City of Vancouver's support of our community by not permitting uses that are completely inconsistent with the historic and cultural heritage of the neighborhood.

We hope that City Council will help us protect Chinatown by not allowing marijuana dispensaries in our neighbourhood.

Yours truly,

Carol Lee  
Chair, VCRC



From: s.22(1)

To: "Jang, Kerry" <Kerry.Jang@vancouver.ca>

Date: 2/10/2015 6:04:28 PM

Subject: Weeds Stores

Dear Councillor Jang,

Thank you so much for raising the alarm about the proliferation of stores selling marijuana. I'm an owner at 1255 Main St., a condo tower in the Citygate complex. A Weeds, Glass and Gifts franchise has recently opened just north of our building. It operates out of a Money Shop. We have concerns about the impact of these stores on neighbourhoods and strongly support your view that the city must become more involved in regulating the location and function of these stores. Or, if they are illegal, in closing them down.

One of our concerns is that customers loiter in our courtyard near the store. We've seen illegal drug and cigarette dealing. I'm attaching a photo taken from our s.22(1) condo which also shows the proximity of the YMCA Day Care. While 3 year olds aren't likely to become users, it's the loiterers who are attracted to the Weeds store that are the issue. The daycare workers and our building caretaker have to screen the area for needles on a daily basis, as one example of the type of problem which will likely be exacerbated by the opening of this store.

Please let me know what you or the city's next step might be. s.22(1)

s.22(1)

Congratulations on your election victory, and keep up the good work.

Best,

s.22(1)

s.22(1)