

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, June 15, 2015 10:56 AM
To: Public Hearing
Subject: FW: Letter from the Village cafe + dispensary
Attachments: thevillagecafe+dispensary.pdf

From: Jeremy Jacob s.22(1) Personal and Confidential
Sent: Saturday, June 13, 2015 5:54 PM
To: Correspondence Group, City Clerk's Office
Cc: Robertson, Gregor; Affleck, George; Ball, Elizabeth; Carr, Adriane; De Genova, Melissa; Deal, Heather; Jang, Kerry; Louie, Raymond; Meggs, Geoff; Reimer, Andrea; Stevenson, Tim
Subject: Letter from the Village cafe + dispensary

Dear Mr. Mayor and Council.

Please see the attached letter, for your review regarding the public hearing on medical cannabis dispensaries.

Best regards,

--
Jeremy Jacob
The Village Collaborative
s.22(1) Personal and Confidential



His Worship Gregor Robertson
Mayor of the City of Vancouver
3rd Floor, City Hall
453 West 12th Avenue
Vancouver, British Columbia

Dear Mr. Mayor and Council,

Thank you again for initiating this process to regulate the dispensary industry in Vancouver, and for the opportunity to speak in chambers on last Thursday.

I respect the City of Vancouver for recognizing the impact of their decision on the outcomes of Vancouver citizens, Vancouver business people, and their families.

You also recognize that dispensaries have largely become community based businesses, and our community here in False Creek has embraced us. The business community has also embraced us: with full disclosure of our business model, vendors including 49th Parallel Coffee, Juice Box Juices, Ecotrend, and Eightfold Eats have vetted us and agreed to have us represent their brands. We support local business and are creating jobs and services for the community.

We are located in Arthur Erickson's Waterfall Building at 206-1540 West 2nd Ave, and though our location excels on many levels, we will not be able to operate here unless the proposed bylaws are amended or we are granted exceptions in a number of areas, including:

- 1) Co-use: As we all know, the best preventative medicine is the food we eat. Our model combines a health food cafe that delivers vegan and gluten free options to a community that is searching for it. Much like the Compassion Club employs complementary services in their apothecary and treatment rooms, we employ nutritional advice and nutrient dense products to support our customers overall health goals. We also work with a Certified Nutritional Practitioner to holistically address customers ailments.
- 2) 300m proximity from a community centre: as the bird flies we may be just within the radius of the False Creek Community centre, however as people travel, we are outside of this distance. We hope that the 300m proximity will be based on people, not birds.
- 3) Being located on a minor street: many Canadians want to access Medical Cannabis to address their health needs, but the stigma associated with the product keeps many from seeking access. Our location offers a number of benefits to these consumers: we are not street front, rather you find us past a waterfall and across a courtyard. Enter our establishment and you are greeted by a welcoming cafe environment. Clients must walk



through a short hallway to access the dispensary in the back. These multiple levels of privacy have encouraged many tentative citizens to come in to our shop to gain information on this alternative, plant based medicine that can have a tremendous positive impact on their lives.

- 4) Proposed \$30,000 licence fee: this was best addressed by the gentleman from Erbachay who spoke last Thursday as well. He presented statistics showing various products, their harm on communities, and the cost to taxpayers to remedy that harm: cannabis is very low on this index. I second his motion that the licence fee should reflect this. I know that there is some concern that the profits gained by dispensaries are very high, and this may be true for some, but for those respecting and promoting the medicinal model, and for those who are new to the industry, this is a punitive and unusual licence fee.

We would like to invite Mayor and Council to visit us and view a unique and progressive model of what a medical cannabis dispensary can be. We believe that a first hand look at the location is valuable in your process in fine tuning the proposed regulations.

Again, I thank you for your time and consideration, and truly hope to have the opportunity to host you at our dispensary.

With kindest regards.

s.22(1) Personal and Confidential

Jeremy Jacob, P.Eng.

Andrea Dobbs

s.22(1) Personal and Confidential

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, June 15, 2015 11:05 AM
To: Public Hearing
Subject: FW: Vancouver NAC Model For Better Dispensaries
Attachments: NAC presentation.pptx; Principles of dispensing Medicinal Marijuana.docx

From: Brian Johnson s.22(1) Personal and Confidential
Sent: Sunday, June 14, 2015 10:22 AM
To: Correspondence Group, City Clerk's Office
Subject: Fw: Vancouver NAC Model For Better Dispensaries

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

From: Brian Johnson
To: gregor.robertson@vancouver.ca
Cc: clrjang@vancouver.ca
Sent: Friday, June 12, 2015 11:14 AM
Subject: Fw: Vancouver NAC Model For Better Dispensaries

Dear Mayor Gregor Robertson & Counsellor Kerry Jang & all Councillors - National Access Cannabis (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 & below 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 similar information previously below.

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

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--
Dave Godfrey

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



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

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



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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)



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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



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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!**



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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

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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***
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NATIONAL ACCESS
CANNABIS

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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
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NATIONAL ACCESS
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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 7th. 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.

s.22(1) Personal and Confidential

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 but Alex can organize to have him come to Victoria at the convenience

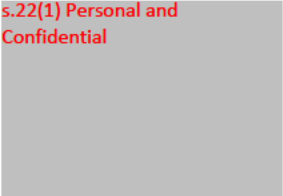
of the Council. At the moment he is working with the Government in Ottawa to find the best way for Ottawa to work with NAC to develop the NAC model across the country, especially in BC. This is shown in the PPT I have attached.

Principles of dispensing Medicinal Marijuana

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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 turn 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 have minimal security for themselves and the neighbourhood.

Option 2, driving the existing groups 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 Medicinal 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 7th. I agree with all his recommendations on page 9.

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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) Personal and Confidential

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)
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and

s.22(1) Personal and Confidential

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--

Dave Godfrey

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, June 16, 2015 3:00 PM
To: Public Hearing
Subject: FW: Los Angeles Times: "Drug warriors are still crying 'reefer madness.' The facts don't support them"

From: John Conroy s.22(1) Personal and Confidential
Sent: Monday, June 15, 2015 9:44 PM
To: Correspondence Group, City Clerk's Office
s.22(1) Personal and Confidential

Subject: Los Angeles Times: "Drug warriors are still crying 'reefer madness.' The facts don't support them"

Further to my earlier email submission on the dispensary issue please also consider these wise words and the evidence cited by Paul Armentano below.

John W. Conroy QC
Conroy & Company
Barrister & Solicitor

s.22(1) Personal and Confidential

Subject: Los Angeles Times: "Drug warriors are still crying 'reefer madness.' The facts don't support them"

What happened to the marijuana stigma? <<http://www.latimes.com/opinion/op-ed/la-oe-bennett-marijuana-legalization-20150612-story.html>>

Colleagues,

The LA Times has posted online my rebuttal to former Drug Czar Bill Bennett's Friday op-ed, "What happened to the marijuana stigma?" <<http://www.latimes.com/opinion/op-ed/la-oe-bennett-marijuana-legalization-20150612-story.html>>. My response is enclosed below. Please

feel free to comment and/or share.

Regards,

--

Paul Armentano

Deputy Director

NORML | NORML Foundation

s.22(1) Personal and Confidential

<http://www.latimes.com/opinion/opinion-la/la-ol-marijuana-laws-colorado-washington-blowback-20150615-story.html>

Opinion

Drug warriors are still crying 'reefer madness.' The facts don't support them

By PAUL ARMENTANO

In their op-ed article <http://www.latimes.com/opinion/op-ed/la-oe-bennett-marijuana-legalization-20150612-story.html> against cannabis legalization, former drug czar William J. Bennett and Seth Leibsohn yearn for a time when fear-mongering, not facts, drove the marijuana policy debate in America. Those days are over.

Bennett and Leibsohn blame the "marijuana lobby" for re-shaping the way Americans think about what they consider to be a truly dangerous drug. But the reality is that voters' views on pot have evolved in recent years based on both the failures of prohibition and the success of legalization and regulation. For decades, those opposed to amending cannabis criminalization warned that any significant change in marijuana policy would lead to a plethora of unintended consequences. Yet the initial experience in Colorado and Washington, in addition to many other states' deep-rooted experiences regulating the production and distribution of marijuana for therapeutic purposes, has shown these fears to be misplaced.

For example, neither the imposition of statewide medical marijuana legalization nor the establishment of dispensaries is associated with increases in violent crimes, burglary or property crimes, according to the available literature. A federally commissioned study <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364319/> appearing in the Journal of Studies on Alcohol and Drugs determined that there are "no observed associations between the density of medical marijuana dispensaries and either violent or property crime rates." A second paper <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0092816>, published in PLOS One, concluded that legalizing medical marijuana access at the state level

"is not predictive of higher crime rates and may be related to reductions in rates of homicide and assault."

Similarly, incidences of violent crime in Denver, the epicenter of Colorado's commercial marijuana industry, fell significantly <http://rt.com/usa/163644-colorado-marijuana-crime-drop/> following the opening of retail marijuana businesses in 2014. Between Jan. 1 and April 30 last year, violent crime and property crime dropped 10.6% compared with that same span one year earlier.

Liberalized marijuana laws also are not predictive of upticks in overall cannabis use by young people. Authors of a July 2014 paper published by the nonpartisan National Bureau of Economic Research assessed federal data on youth marijuana use and treatment episodes for the years 1993 to 2011 — a period when 16 states authorized medical cannabis use. Here is what they determined <http://www.nber.org/papers/w20332> : "Our results are not consistent with the hypothesis that the legalization of medical marijuana caused an increase in the use of marijuana among high school students. In fact, estimates from our preferred specification are small, consistently negative and are never statistically distinguishable from zero."

Likewise, state survey data released last August by the Colorado Department of Public Health & Environment found <http://reason.com/blog/2014/08/08/despite-legalization-colorado-teenagers> that fewer high school students in the state consumed cannabis in 2013 as compared with 2011. (Marijuana legalization went into effect in Colorado in 2012, although retail sales of cannabis to adults did not begin until Jan. 1, 2014.) According to the survey, the percentage of high schoolers who reported using marijuana within the past 30 days fell from 22% in 2011 to 20% in 2013 — a percentage that is below the national average <http://www.monitoringthefuture.org/data/13data/13drtbl17.pdf> .

In short, government can regulate cannabis in a manner that satisfies the seller, the consumer and the taxman — and the sky won't fall. Just the opposite is true. Regulations, such as age restrictions for consumers and licensing requirements for commercial producers and merchants, are effective and proven alternatives to prohibition.

<http://www.latimes.com/opinion/editorials/la-ed-marijuana-initiative-20150401-story.html>> Here's hoping for a marijuana measure that's not half-baked

<http://www.latimes.com/opinion/editorials/la-ed-marijuana-initiative-20150401-story.html>>

For instance, the public's overall consumption of alcohol and tobacco, and young people's use in particular, now stands at near-historic lows. According to recent federal government figures <http://www.monitoringthefuture.org/data/13data/13drtbl17.pdf> , alcohol consumption within the past 30 days among young people has fallen from 70% of 12th-graders in 1980 to 40% today. Monthly tobacco use among 12th-graders has similarly plunged

<<http://www.monitoringthefuture.org/data/13data/13tobtbl1.pdf>> , from nearly 40% in the late 1970s to just 16% today.

These results have not been achieved by imposing blanket criminalization upon society, but rather by regulation and public education.

Policymakers, as well as pundits like Bennett and Leibsohn, should welcome the opportunity to bring these necessary and long-overdue controls to the cannabis market.

A pragmatic regulatory framework that allows for the legal, licensed commercial production and retail sale of cannabis to adults but restricts its use among young people — coupled with a legal environment that fosters open, honest dialogue between parents and children about cannabis' potential harms — best reduces the risks associated with the plant's use or abuse.

It makes no sense from a public health perspective, a fiscal perspective or a moral perspective to perpetuate the prosecution and stigmatization of those adults who choose to responsibly consume a substance that is objectively safer than either alcohol or tobacco.

Paul Armentano is the deputy director of the National Organization for the Reform of Marijuana Laws and coauthor of the book "Marijuana Is Safer: So Why Are We Driving People to Drink?" He is also a senior policy advisor for Freedom Leaf Inc.

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, June 16, 2015 3:40 PM
To: Public Hearing
Subject: FW: Large study says U.S. medical marijuana laws don't foster teen use

From: Andrew Muir s.22(1) Personal and Confidential
Sent: Tuesday, June 16, 2015 9:26 AM
To: Correspondence Group, City Clerk's Office
Subject: Large study says U.S. medical marijuana laws don't foster teen use

<http://www.theglobeandmail.com/news/british-columbia/large-study-says-us-medical-marijuana-laws-dont-foster-teen-use/article24972316/>

A new study suggests passing a medical marijuana law does not lead to increased use of the drug by teenagers in that jurisdiction.

American researchers looked at self-reported marijuana use among more than one million adolescents from 48 U.S. states between 1991 to 2014.

Twenty-one of the 48 contiguous states have passed medical marijuana laws.



MULTIMEDIA

Vancouver's pot shops: Everything you need to know about marijuana dispensaries



VIDEO

Video: Illegal marijuana dispensaries increasing in Vancouver

The researchers compared use in states with and without legislation, but also looked closely at usage rates in states with medical marijuana laws in the periods before and after the legislation went into effect.

The researchers found teen use was higher in the states that adopted medical marijuana laws, but that pattern of higher use existed before the laws came into effect.

They say that given studies have shown use of marijuana in early adolescence can have negative effects in adulthood, research should focus on finding and addressing the factors that do lead to early use in teens.

"Our study findings suggest that the debate over the role of medical marijuana laws in adolescent marijuana use should cease, and that resources should be applied to identifying the factors that do affect risk," they wrote.

The study is published in the journal *Lancet Psychiatry*. The work was led by Prof. Deborah Hasin of the Mailman School of Public Health, at New York City's Columbia University.

A Canadian addictions expert lauded the research.

"This is probably the best and highest-quality study on a question that has been lingering for some time, which is whether the liberalization of marijuana control and more specifically medical marijuana regimes in the U.S. lead to higher levels of cannabis use, especially among young people," said Benedikt Fischer, a senior scientist at the University of Toronto's Centre for Addiction and Mental Health.

"What this study importantly finds is that while states with medical marijuana regimes have somewhat higher levels of marijuana use among young people, the explanation is not that it is the medical marijuana regimes that make marijuana use go up.

"These states were different from the outset — probably had a more accepting or softer disposition towards marijuana use."

A chief concern of opponents of medical marijuana laws is that adopting them will lead to a general increase in use of the drug, especially among young people. Previous studies of the question have produced mixed results.

These researchers set out to resolve the issue, using nearly a quarter-century's worth of data from a nationally administered survey American teenagers complete in Grades 8, 10 and 12. They analyzed information provided by 1,098,270 adolescents.

There was no statistically significant increase in marijuana usage rates among Grade 10 and Grade 12 students after medical marijuana laws came into effect in the states that adopted them. And use of the drug actually dropped among Grade 8 students after legislation was put in place.

"In conclusion, the results of this study showed no evidence for an increase in adolescent marijuana use after passage of state laws permitting use of marijuana for medical purposes," the authors wrote.

A commentary published with the study noted the work underscores how important it is to actually rigorously test assumptions before making public policy.

"Policies might sometimes be shaped by preconceived notions that do not end up being true, and Hasin and colleagues' study is an example of such an occurrence," wrote Dr. Kevin Hill from the Division of Alcohol and Drug Abuse, McLean Hospital, Belmont, Mass.

--

Andrew Muir

s.22(1) Personal and Confidential

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, June 16, 2015 3:43 PM
To: Public Hearing
Subject: FW: regulating marijuana shops

From: Michael Creurer s.22(1) Personal and Confidential
Sent: Tuesday, June 16, 2015 3:19 PM
To: Correspondence Group, City Clerk's Office
Subject: regulating marijuana shops

Mr. Gregor Robertson
Mayor of Vancouver

Dear Mr. Robertson,

We are writing to you and the Vancouver City Council regarding the City's plan to regulate the many cannabis "compassion" shops that are opening up in Vancouver. I have secondary progressive M.S. and my partner has M.S. and post polio syndrome. We both receive Canada Pension disability, with no extended medical benefits (glasses or dental). We use cannabis to relieve the chronic nerve pain, insomnia, etc.

We have been very disappointed that these cannabis outlets continually try to appear to be "compassion" clubs. They continually tell the media and others that they are providing a product to the disabled who need it for their painful medical conditions. It is true that we do use cannabis for this reason, but the cost is so prohibitive for us, we cannot afford it. The product is \$8.00 to \$13.00 a gram, and a gram is about the size of a large bean. The proprietors show the media what they say is a gram, but it is much smaller. A gram does not go very far for those of us who need to use it at least three times a day. For those of us on a low disability income who have much pain, it can cost us more than we can afford. I spent about \$10,000.00 over a 10 year period, forsaking dental, glasses and medical equipment and clothing I needed. We feel they are profiting off the backs of the disabled. The people who need it the most can afford it the least. If they are charged a 30,000.00 licensing fee, they will simply pass this expense on to the consumer, making an unaffordable product even more unaffordable.

Our Victoria Compassion club on Cormorant Street is also not accessible to those like us who have to use wheelchairs. Not very compassionate. It seems to us that there are many shops opening up because there is a lot of money to be made by them. If these businesses are "helping" the disabled by providing a product that relieves their pain, they should be required to make their businesses physically accessible and their product financially accessible, perhaps on a sliding scale basis. That would be true compassion. Unfortunately our federal government does not plan to make it easier for us to afford it, therefore the cannabis shops must make their stores accessible and their product financially accessible as well.

Sincerely,

Marjorie Rogers and Michael Creurer
s.22(1) Personal and Confidential

Cc: Vancouver City Council

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Tuesday, June 16, 2015 3:43 PM
To: Public Hearing
Subject: FW: Vancouver Medicinal Cannabis Dispensary Governance Initiative: A zaailor's comments.
Attachments: Description Provided With a RPP VanPot YouTube-20150616.pdf

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

From: s.22(1) Personal and Confidential

Sent: Tuesday, June 16, 2015 3:42 PM

To: Correspondence Group, City Clerk's Office

Subject: Vancouver Medicinal Cannabis Dispensary Governance Initiative: s.22(1) Personal and Confidential

Please find attached a PDF of my position/comments respecting the above for @MayorGregor and Council's above captioned initiative.

This is a copy of the Description posted for an abridged YouTube I have produced from the graphics presented at Council on Sat 2015.06.13, posted at <https://www.youtube.com/watch?v=gRbwnrVUuss#action=share>

I trust they are self explanatory, as best as one can, to fit within the five minute time limit established for the above exercise.

The one minute Appendix of some text is provided as a freebee:
synonymous with K-Tell TV promos from the 70's that offered buy two, get one free. I offer much more.

If @MayorGregor or others would like to personally meet I would be more than receptive to accommodating that.

Nonetheless, I will be producing a more fulsome 18 minute version of <https://www.youtube.com/watch?v=gRbwnrVUuss#action=share> to provide the full presentation I wish to do on the above captioned. Given the record of what is called Planning in Vancouver, I expect this will be done for record: as I do not expect @MayorGregor and supporters will slow down on their rush to show how not to do such a ground breaking governance initiative.

Or do I misunderstand what I have witnessed in this City respecting Citizen Engagement and Consensus Building? Divide and conquer seems the paradigm I've seen: as democratic in spirit as @PMHarper's Omnibus Budget Bills. Not the Canada I was born into and love.

Of course should the links not work or further personal engagement by @MayorGregor et al is sought, I may be reached as per below.

My message in ending: to error is human for it only verifies we are just such: but mistakes I seek to avoid nor enable, for they are but sad events where one misses taking learning gifted from the former.

Yours Respectfully

Michael Robert Barrett

s.22(1) Personal and Confidential

Description Provided With a RPP's #VanPot YouTube Video:
<https://youtu.be/gRbwnrVUuss>

Despite what this rushed buffer's five minute video with one minute appendix may imply, the initiative of the City of Vancouver to legalize medicinal pot dispensaries is only supported in principle, but to get there I only support it if something like the following four dimensional approach is used. Please recognize this was hammered out very quickly as a first go and would improve with collegial input from like other minded Registered Professional Planners).

1. Finish the zoning initiative by clearly making the dispensaries non-permitted uses in all zones, to stop further dispensaries from being established. No enforcement action or sanctioning of existing locations will be done. This will buy some time and a stop any further shops from opening.
2. Retain Learning and Leadership experts like Bob Chartier to conduct a comprehensive, inclusive and holistic citizen centric consultation exercise, worthy of how Vancouver promotes itself to the world. Modern "NMC Tools for Leadership" etc. would be used. The mission during this phase would be to provide clear guidance to Council based on a public engagement process that seeks to build citizen understanding and consensus on what ROI* the Citizens' seek from this groundbreaking initiative. (*Results Outcomes Impacts vs the standard mind set of #Ro\$). During this phase @MayorGregor and @Vision would participate as part of an #Open Space type event etc, to articulate the ROI visions driving them, and would include subject matter experts (SMEs) to speak to issues of concern identified by Citizens, at least from those raised during the current zoning consultation exercise. This exercise should be guided by seeking to be NUTTS*, and only Registered Professional Planners respecting the code of conduct of the Canadian Institute of Planners should support this and any of the other phases. (Neutral, Unbiased, Transparent, Tactically responsive and Strategically focussed and driven).
3. The independent advisors would, as part of Phase 2, document in situ what they understand, after which it would be published along with what that means for further action. This would inform Citizens and SMEs what was heard and understood. Phase 2 would have already established as part of it's mandate, some direction on what further active consultation if any was needed during this and the subsequent phase(s), beyond minimum statutory requirements.
4. The City will than work, with the Advisors' and SMEs oversight, to translate the guidance from the Phase 3 documentation into what this means for moving on to legalize dispensaries if appropriate, and the general and site specific regulatory measures related thereto. This phase would then make that so, which could if consensus indicates, include shutting down all access to medicinal pot through these dispensaries by those needing relief from pain, or to seek to mitigate symptoms like MS, as I have.

To briefly explain my rational, I personally know these dispensaries serve a important and urgent role, like In Site, and the Feds have demonstrated they are stone deaf not just to what Canadians want, but what The Supreme Court of Canada mandates is just. But I do not support the way in which this is being done. For the process @MayorGregor is using I find as repugnant as the omnibus Budget Bills the Feds use to covertly ram through their agenda through for remaking Canada's Democratic traditions.

The ends do not justify the menad, in either Ottawa nor the Progressive and Sustainable Vancouver that is promoted to the world. It is time Planning in Vancouver moves away from what I define as very effective Theme Park/Resort type Planning it does and is applauded by those that don't live here. Will this be the tipping point where Vancouver Citizens demand something more appropriate for residents than tourists, hotel guests, and conference attendees.

The current public consultation process, is like everything coming out of Ottawa, based on the minimum needed to legally squeak through. More synonymous to asking a hotel quest or diner fill out a paper feedback form, than the modern City we are purported to live in.

A more fulsome 18 minute version of this video will be produced to provide the full presentation I wished to do, but didn't even try at Council on 20150613. I was not there to honour the five minute window to squeeze in a few comments: but to experience first hand, what Vancouver Planners direct and participate in as an effective, efficient, economical and equitable public consultation process on such an important issue. Not what I would expect of fellow RPPs.

Michael Robert Barrett, RPP, ROI ACE*
#ROI Advocate, Coach, Enabler

s.22(1) Personal and Confidential

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Wednesday, June 17, 2015 5:16 PM
To: Public Hearing
Subject: FW: BCCLA Submission to COV on Medical-Marijuana-Related Businesses
Attachments: BCCLA Submission to CoV on Medical-Marijuana-Related Businesses.pdf

From: Josh Paterson s.22(1) Personal and Confidential
Sent: Wednesday, June 17, 2015 4:45 PM
To: Correspondence Group, City Clerk's Office; Public Hearing
Subject: BCCLA Submission to CoV on Medical-Marijuana-Related Businesses

Hi there

Please find attached our submission to the public hearing on medical-marijuana-related businesses.

Josh Paterson
Executive Director | Lawyer
BC Civil Liberties Association

s.22(1) Personal and Confidential

The information contained in this transmission is privileged and/or confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

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VIA EMAIL: mayorandcouncil@vancouver.ca;
publichearing@vancouver.ca

June 17, 2015

Mayor and Council
City of Vancouver
453 W 12th Ave
Vancouver, BC V5Y 1V4

Page 1/10

**Re: Public hearing – Text Amendment: Regulation of Retail
Dealers – Medical Marijuana-Related Uses**

Your Worship, Councillors,

We write in relation to the Policy Report on the Regulation of
Retail Dealers – Marijuana-Related Uses that is being considered
by Council.

The BCCLA is a non-profit, non-partisan, unaffiliated advocacy
group. It was incorporated in 1963. The objects of the BCCLA
include the promotion, defence, sustainment and extension of
civil liberties and human rights throughout British Columbia and
Canada.

The BCCLA has a longstanding interest in drug policy, and in
particular, in medical and non-medical marijuana regulation.
The BCCLA has long advocated for the reform of Canada's
outdated, and unsuccessful, approach to marijuana use.

The BCCLA has extensive experience in drug policy dating back
to submissions before the LeDain Commission in the 1960's and

longstanding involvement in working to ensure the proper balance and respect for patient's rights in the many difficult legal and ethical issues that arise in the provision of health care.

The BC Civil Liberties Association is heartened that the City of Vancouver is attempting to responsibly regulate medical cannabis dispensaries in the city. We applaud the City for taking such a forward-looking initiative. However, we have concerns about several aspects of the regulatory scheme being proposed. Cannabis is a medicine, and medical cannabis dispensaries should be permitted and regulated in the city in a like fashion to other kinds of medical dispensaries. We are concerned that aspects of the proposed by-law will be unduly onerous, and will restrict access to medical cannabis dispensaries without any compelling rationale. Our concerns are set out below.

Edibles should be regulated, not prohibited

In proposed section 24.5 (12) of the *License Bylaw*, there is a prohibition on the sale of food in a medical-marijuana-related retail business, except for edible oils in sealed containers. The BCCLA disagrees with this provision. Instead, the City should adopt an approach of regulating the sale of these products along the lines of the state of Colorado.

The BC Civil Liberties Association endorses the oral submissions made in relation to the sale of edible cannabis products by Kirk Tousaw at the hearing on June 10, 2015.

If medical cannabis is permitted for sale, it makes no sense that medical cannabis in edible form, other than oils, should be prohibited by City bylaw. The Supreme Court of Canada's

decision of Thursday, June 11, 2015 in *R. v. Smith*, while not directly applicable to the question of who may sell medical cannabis products and in what form, makes a number of important points that provide a legal context for the City's proposed regulation.

At issue in *Smith* was a criminal prohibition on authorized medical marijuana patients possessing non-dried forms of cannabis. The criminal prohibition prevented patients from choosing the method of administration of their medical cannabis.

The Supreme Court of Canada upheld the factual findings of the trial judge at the Supreme Court of BC that non-smoking forms of ingestion of cannabis can be more effective for patients than smoking:

After a careful review of extensive expert and personal evidence, the trial judge concluded that in some circumstances the use of cannabis derivatives is more effective and less dangerous than smoking or otherwise inhaling dried marihuana. [...] The evidence amply supports the trial judge's conclusions on the benefits of alternative forms of marihuana treatment; indeed, even the Health Canada materials filed by the Crown's expert witness indicated that oral ingestion of cannabis may be appropriate or beneficial for certain conditions. [...] The evidence demonstrated that the decision to use non-dried forms of marihuana for treatment of some serious health conditions is medically reasonable. To put it another way, there are cases where alternative forms of cannabis will be "reasonably required" for the treatment of serious illnesses (C.A. reasons, at para. 103). In our view, in those circumstances, the criminalization of access to the

treatment in question infringes liberty and security of the person.

R. v. Smith, 2015 SCC 34, at paras 19-20.

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While the proposed Bylaw allows the sale of edible oils that patients could use to produce edibles at home, we see no reason why the City should ban the sale of other preparations or edible items outright. Regulation short of a ban could allow the City to protect public health, while at the same time facilitating patients in their right to use medical cannabis in the form that is most effective for them. The Supreme Court of Canada's reasons in *Smith*, in the BCCLA's opinion, add force to arguments that the City should not adopt a prohibition on edible products in the Bylaw.

City concern about children accessing edible products can be dealt with through regulation

We understand that the City and officials at Vancouver Coastal Health have suggested that the edibles ban should be retained in order to protect children, who might be attracted to baked goods and candies containing medical marijuana. In support of this, the City has cited examples of children in the United States having been poisoned, and has noted that edibles may be more potent than other forms of marijuana.

The need to keep children away from certain medical products is nothing new, and we would encourage the City to consider the use of regulation, for example restrictions on packaging (including the use of opaque packages), package safety and child-proofing, and labelling guidelines in order to deal with the issue raised in respect of the risk to children.

After incidents involving the accidental ingestion of marijuana by children who ate edible marijuana products, Colorado's response was to introduce strict new packaging requirements, including a requirement to individually wrap edibles in increments of 10 or fewer milligrams of tetrahydrocannabinol, or THC. For example, in Colorado:

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Before sale to a consumer, a retail marijuana store must place any of these products in a container that is child - resistant or place the container in an "exit package" that is child resistant. "Child resistant" packaging must conform to federal consumer product safety regulations and an ASTM standard; be opaque so the product cannot be seen; be closable if not intended for single use; and be properly labeled pursuant to the Retail Code. Proper labeling includes specific warning statements for each of the three product types; Colorado's Universal Symbol indicating the container holds marijuana; a list of all nonorganic pesticides, fungicides and herbicides used to produce the marijuana; and a list of solvents and chemicals used to produce marijuana concentrate. Use of certain pesticides and chemicals is prohibited. Containers for edible marijuana products must be labeled with all ingredients, if refrigeration is required, standard serving limit and expiration date. Other statements are required if testing was performed for potency or contaminants.

City of Denver. "Colorado's Packaging and Labeling Requirements for Retail Marijuana for Consumer Protection and Child Safety". Accessed at <http://www.denvergov.org/Portals/768/documents/Marijuan%20Packaging.pdf>

Critically, the U.S. response after accidental ingestion was not to stop the sale of edibles, but to regulate. While obviously some

aspects of the policy above draw on U.S. federal and Colorado standards, there is no reason why Vancouver could not create a similar policy here.

No minors rule is overbroad

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The Bylaw's restriction against minors entering a medical-marijuana-related retail business is overbroad. It would make it difficult for patients who do not have childcare to access the dispensary. Moreover, medical marijuana is prescribed to children for pediatric use. We understand that minor patients currently enter some dispensaries with an adult guardian. We propose that the City permit minors to be present if they are accompanied by an adult. Similar to the rules proposed above, the City could require medical marijuana products in-store to be packaged and displayed in a way that will not be attractive to children.

Distance restrictions should be eliminated or altered

Medical marijuana is medicine. While the City is entitled to regulate the operation and location of medical-marijuana-related businesses, dispensaries should not be viewed as undesirable purveyors of illicit products. Rules on separation of outlets may be good city planning practice, but the distance restrictions in relation to sensitive uses are, in our view, unnecessary. For example, convenience stores that sell tobacco do not have a distance restriction in relation to sensitive uses – it is considered to be enough that they take measures to disallow sales to minors and not advertise to minors – even as minors are permitted in the store to purchase other products, where presumably some of

them might witness tobacco products being sold, if not displayed.

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A comparison to liquor stores, made by the City in the Policy Report under consideration, is inapt because alcohol is not being sold as a medicine. The more appropriate comparison is to a small-scale pharmacy. We can see no rationale why medical marijuana establishment, selling medicine to authorized patients, would be subjected to more onerous restrictions. Indeed, compassion clubs have been operating in Vancouver for years without serious public order problems in the community, as recognized by the Vancouver Police Department's measured, non-enforcement approach to dealing with these operations (see Vancouver Police Department Report # 1310C01 to the Vancouver Police Board, "Service and Policy Complaint #2013-94SP on Unlicensed Drug Dispensing Businesses, October 11, 2013).

In the alternative, should the City maintain a distance restriction in relation to sensitive use locations, the 300 metre rule is, in our view, unduly onerous and would impose an unjustifiable burden on dispensaries and those they serve.

In our view, no neighbourhood should be denied reasonable access to medical-marijuana-related retail businesses. We submit that where the 300 metre rule would effectively bar these businesses from entire neighbourhoods, the restriction should be modified. The Bylaw would exclude medical-marijuana-related retail businesses in the Downtown Eastside, except for locations on Hastings Street and Main Street. We are opposed to the broad exclusion in the Downtown Eastside. We understand that even with the possibility of sites on Hastings and Main Streets, the

distance rule may make it impossible to operate a dispensary in the Downtown Eastside. This is particularly problematic as there are residents in the DTES neighbourhood with health conditions who could benefit from the use of medical cannabis and who may not easily be able to travel to other parts of the city to access the product.

In addition, while we do not object to the proposed Bylaw having the effect that some operating dispensaries may have to close, if they are unable to meet the licensing standard, we endorse the submission of Mr. Tousaw that the City should be flexible with respect to the application of the distance requirement for existing dispensaries that have an enduring track record of responsible operation. The Bylaw already proposes a point system for evaluating license applications at Stage Two of its licensing process for existing establishments. We propose that, if the distance restriction is retained, existing establishments be entitled to apply for a variance or exemption from the distance restriction in Stage One of the process. In determining whether a variance should be granted, certain of the criteria identified at stage two that are relevant to the question of location might be considered (for example: Is it a problem premises as determined by the VPD? Has it been subject to multiple complaints?).

Patients should be entitled to privacy

We appreciate that the City may have both aesthetic and safety concerns in mind in prohibiting frosted or otherwise obstructed windows and facades. However, we think that medical-marijuana-related retail businesses should be able, if they so choose, to afford their patients a private environment in which to purchase their medical products. Numerous medical

establishments in the City use frosted glass or other techniques to create a more private environment for their patients. Dispensaries should be able to do the same. Security for employees and patients alike can be promoted by means other than requiring a transparent façade.

Licensing fees must be justified

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The Policy Report states that revenues from the annual \$30,000 business licence fee will “will contribute to cost recovery for the additional time spent by Property Use Inspectors, Licencing staff, development review staff, Police, Fire Inspectors and Communications Coordinators in regulating this sector.” We have no objection to the concept of cost recovery. We are concerned, however, that the proposed amount may prove to be an onerous requirement for some operators, particularly for non-profit operators such as compassion clubs.

The City should produce a detailed accounting to justify this amount. Cost recovery should be transparent, and in respect of a medical service, it should not exceed a reasonable estimation of the City’s actual ongoing costs of licensing and regulation. In particular, these figures should disclose why the cost of this license is so much greater than other licenses offered by the City.

We note that there has been discussion by the City of the potential for this pool of money to be used, among other things, for educational purposes in relation to drug use. These costs will ultimately be passed on to and borne by medical patients who are authorized to use medical marijuana. It is inappropriate to tax these patients in order to provide a service for the general public benefit. Moreover, educational program costs are not

genuine costs of regulating medical-marijuana-related businesses.

Finally, given the considerable amount of money proposed as a licensing fee, at the very least, medical-marijuana-related retail businesses should be able to pay the fee over the course of a year rather than in a lump sum.

Conclusion

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The BCCLA appreciates that, through the proposed Bylaw amendments, the City is attempting to ensure access to medical products for patients in Vancouver. We think that the shortcomings in the proposed approach are remediable with careful thought on the part of Council and staff, and we encourage the City to make the changes suggested.

Thank you for the opportunity to comment on the proposed Bylaw.

Sincerely,

s.22(1) Personal and Confidential

Lindsay M. Lyster
President

s.22(1) Personal and Confidential

Josh Paterson
Executive Director

From: TONY ALI s.22(1) Personal and Confidential
Sent: Wednesday, June 17, 2015 10:28 PM
To: Correspondence Group, City Clerk's Office
Cc: Public Hearing
Subject: Tony Ali's statement to council

My name is Tony Ali and I'm the owner of Heritage Dispensary Clinic Society doing business as The Healing Tree incorporated under the BC Societies Act since November 27, 2012, .

At that time, I signed a stack of papers which were the bylaws and the constitution set forth by BC's ministry of finance in order to receive a certificate of incorporation along with a business number to operate as a not for profit medical society.

Not for profit medical societies such as the healing tree should be exempt from the proposed guidelines since the Provincial ministry of finance accepts our status as a provider of the highest standard of care, as per Section 2 (a) of the agreement we signed with the province. As such, we request that a two-tier system of licensing be considered. We would like to be treated with the same respect as any other Medical establishment. The term Medical Cannabis is being devalued. We do not want to be lumped in with proponents of recreational usage. That's not our fight. Our primary concern is to provide our patients with the medicine they need, thus a 2 tier approach to licensing must be encouraged. We implore you to exempt us from distance criteria and to impose a licensing fee equivalent to other nonprofits.

We question the limit per person on a business license. When our business model proves to be safe and effective, why limit us to an arbitrary number of locations. Please let's encourage a reasonable discussion.

Having diligently honoured all the contractual responsibilities with the ministry of finance and the city in order to open, there is a natural expectation of being grandfathered and exempt from any guidelines that will apply to recreational facilities.

The guidelines which the city is currently proposing are targeted toward the for-profit/recreational model we see in other jurisdictions (like Colorado and Washington State). Shops have sprung up everywhere with little oversight or monitoring like that which is imposed on The Healing Tree. It is unrealistic to expect a non-profit society whose only goal is to provide affordable care to those in need to have large amounts of cash available so they can continue to help their patients.

Many of our patients have mobility issues and organize their daily lives around a specific transit route to get their medication from us. They are very concerned at how the proposed changes and closing of locations will affect them.

We urgently request the City of Vancouver to facilitate an immediate dialogue with officials from Health Canada and the RCMP to build consensus for best practices and collaborate to develop regulations that all stakeholders, including our patients, feel a part of. How to run our stores, what products we can provide, how to label our products, methods of production, and location - we would like to conform with all these areas, while not jeopardizing our patients' access to their medication.

We welcome clear labelling criteria, similar to that which Food and Drug producers are required to provide. Suggestions that we may follow tobacco labelling principles are inadequate in our view. As a medical service provider, we welcome the highest standards of information sharing with our patients and the public.

We are being used as pawns in a game to force the hand of the federal Minister of Health. At a time when public institutions like the RCMP and the medical establishment now accept cannabis as a valid treatment, it's time for our various levels of government to work until this is sorted out, and we and our patients want to be a part of that.

We are interested in working with pharmacies, licensed producers and distributors to increase safe access for ailing patients in Vancouver, with Health Canada's cooperation, to become

government certified outlets that bridge the gap between the licensed producers, patients and their medicine.

The Healing Tree sees itself as a provider of a safe, widely-recognized and very effective medicine. As such, we do not see ourselves as much different from your local medical clinic, doctor's office or pharmacy. Our goal has never been to provide recreational access or promote reckless usage of any sort. As such, we again, request that a two-tier system of licensing dispensaries be strongly considered as a solution to the current situation.

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Thursday, June 18, 2015 12:12 PM
To: Public Hearing
Subject: FW: Letter of Concern. Marijuana Use in Chinatown, Dr. Sun Yat-Sen Garden Society of Vancouver
Attachments: Marijuana Use in Chinatown, Dr. Sun Yat-Sen Chinese Garden.pdf

From: Kathy Gibler s.22(1) Personal and Confidential
Sent: Thursday, June 18, 2015 10:50 AM
To: Correspondence Group, City Clerk's Office
Cc: s.22(1) Personal and Confidential
Subject: Letter of Concern. Marijuana Use in Chinatown, Dr. Sun Yat-Sen Garden Society of Vancouver

Dear Mayor Robertson and City Councillors,
Attached please find our letter of concern addressing marijuana shops and use in Chinatown.

Thank you for your consideration.

On behalf of the President and Board of the Dr. Sun Yat-Sen Garden Society of Vancouver,

Kathy



Kathy Gibler
Executive Director

s.22(1) Personal and Confidential

s.22(1) Personal and Confidential



DR. SUN YAT-SEN
CLASSICAL
CHINESE
GARDEN

June 17, 2015

Mayor and Council
City of Vancouver
453 West 12th Avenue
Vancouver, BC V5Y 1V4

Dear Mayor Robertson and City Councillors:

Regulating Medical Marijuana Shops in Vancouver

The Dr. Sun Yat-Sen Chinese Garden Society feels it is commendable that the City has decided to take steps to recognize that these shops have the potential to cause harm in some locations and therefore should be regulated.

City staff has recommended that all commercial districts be rezoned to allow for medical marijuana shops, under certain conditions, including the Chinatown historic districts (HA-1 and HA-1A). Chinatown is a national historic site which should receive respect and recognition of its unique status within our City and be exempt from the location of medical marijuana shops within HA-1 and HA-1A.

The Garden Society shares the view of the Vancouver Chinatown Revitalization Committee and other Chinatown societies that Chinatown's HA-1 and HA-1A should also be exempt from having medical marijuana shops located within its boundaries, including Main Street. These businesses are not consistent with the heritage character which the Chinatown community is attempting to preserve and resurrect. Marijuana shops are incompatible with the traditional Chinatown shopper and clientele. There are also two community centres (Carnegie and Chinese Cultural) located within 300 metres of the two existing marijuana shops which should be closed. The Garden has exceptional educational programs for school children who come to learn about Chinese culture and history in our Ming Dynasty garden. These children should not be exposed to marijuana shops as they enter or leave the Garden to and from their school buses.

Thank you for your consideration of this serious matter and please make Chinatown a marijuana-free zone to preserve its delicate heritage and support Chinatown's continuing efforts to revitalize its current fragile economy.

Sincerely,

s.22(1) Personal and Confidential

Jeannette Hlavach
President

cc Carol Lee, Chair, VCRC

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Thursday, June 18, 2015 4:28 PM
To: Public Hearing
Subject: FW: Regulation of Retail Dealers – Medical Marijuana-Related Uses
Attachments: SEED Report_Stakeholder Consultation Survey_Oct 2012 (1).pdf

From: Rielle Capler s.22(1) Personal and Confidential
Sent: Thursday, June 18, 2015 3:15 PM
To: Correspondence Group, City Clerk's Office
Subject: Regulation of Retail Dealers – Medical Marijuana-Related Uses

Dear Mayor and Council,

Thank you again for the opportunity to speak at Public Hearing on Saturday morning.

I'd like to take opportunity to respond more thoroughly to some of the questions you asked me.

- Three of the 9 pilot dispensaries were from Vancouver.

- The norm for health care professionals is self-regulation, through Colleges under the Health Professions Act.. There are 25 self-governing health professions.

See <http://www2.gov.bc.ca/gov/topic.page?id=6465BD0430B9409699F50FF7DAC82D02> for more details. Herbalists do not have a college - but have an association for self-regulation. <http://www.chaofbc.ca/wp/>

- Re. CAMCD certification - we've sent you the Standards, which are somewhat open ended. There are also tests for compliance that are more specific. We have delineated specific examples of how the tests can be met, but also leave room for dispensaries to come up with their own ways, and will keep track of those in order to capture and share best practices. These standards were based on accreditation programs for other health care organizations (CARF and Accreditation Canada).

I've attached one more document from the SEED (standards, engagement, evaluation, dissemination) project that worked with CAMCD to develop their certification program. This Community Stakeholders Survey Report is based on a survey of the stakeholders who attended the consultation meetings in 2012.

Of note:

1. their level of awareness and understanding of how medical cannabis dispensaries operate was relatively low (means of 6.53 and 5.74 out of 10 respectively)
2. the level of support for these organizations was high, and higher if they were certified (means of 7.84 and 8.53 respectively)
3. support would increase with standards for cultivation, zoning, inspections and a regulatory body
4. It was important that regulations do not reduce access to patients, and that dispensaries remain independent community-based services

Best regards,
Rielle Capler

Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Friday, June 19, 2015 9:22 AM
To: Public Hearing
Subject: FW: Letter to Peter Fassbender - Please Read!
Attachments: Peter Fassbender letter.doc

From: Candace Plattor candaceplattor@cityclerk.com s.22(1) Personal and Confidential
Sent: Thursday, June 18, 2015 8:31 PM
To: Correspondence Group, City Clerk's Office; s.22(1) Personal and Confidential
Subject: Letter to Peter Fassbender - Please Read!

June 18, 2015

Dear Minister of Education: Province of British Columbia Hon. Peter Fassbender:

Hello, my name is Candace Plattor, and I am an Addictions Therapist in private practice in Vancouver. I have worked in this field for over 25 years, 16 of which were in the Downtown Eastside, helping the addicts and alcoholics there. I now work primarily with the loved ones of addicts, because there is so little help for them out there. I have written two award-winning books on this subject, which you can read more about here: www.candaceplattor.com/books.

I am also the loved one of addicts, and I now have 28 years of sobriety from drugs and alcohol myself. As you can see, I know addiction from many different personal and professional angles – and I ask that you take this letter seriously. I know what I'm talking about.

My addiction started when I was diagnosed with Crohn's Disease in 1973 – at which time the doctors did not know how to help me, as Crohn's was a relatively new illness at that time. Addiction was not on the radar then as it is today, and in their ignorance my physicians prescribed very addictive medications for me such as Valium, Codeine, and other morphine-based drugs. I also used pot to help with some of my symptoms – and that soon became my drug of choice. My active addiction went on for over 15 years, with prescriptions being given to me over and over again, week after week, year after year.

I am here to tell you that the drug we're addressing today – marijuana – *is* addictive. There is no question about that. When I began using pot, I was doing it medicinally (although I did not have that term for it back then) – it definitely helped to ease my physical pain. But the pot I was using then was not the same pot we have now – it's a much stronger drug now, being cut with many other substances in most cases. And many of the people – especially teens – who are using it, are not using it medicinally but are saying they are because #1 – that is now the societally acceptable thing to say, and #2 – it's so very easy for them to get it on that basis. There is no responsible legislation that I know of to safeguard the prescriptions that the doctors associated with these new pot clinics so freely dispense. The bottom line – money – seems to be what's most important to our elected officials, and I see that as a societal travesty.

This is still an illegal drug in Canada and it *IS* addictive. This particular substance is making the addicts who continue to use it, often on a daily basis, 'stupid' and lazy, not learning to deal with their life tasks – nor are they giving back to society in any meaningful way. Rather, they are merely taking from responsible taxpaying citizens, who are starting to get very angry about what they see happening with all of the madness accompanying this 'medical marijuana' situation. This drug is tearing families apart. And we are allowing that to happen – specifically, politicians and educators are allowing that to happen by colluding and agreeing to do nothing about it. This situation keeps me working – there are always clients wanting to see me – usually the addicts' family members. Frankly, I'd be happy to find some other way to be of service to the world.

I am asking you to seriously consider your decisions about how you're handling this crisis. My hope is that you will choose to support the solution rather than enabling the problem to continue. Addiction is a progressive condition by nature – and I assure you that this situation will not get any better as time goes on, only worse. The people who are enabling the problem are essentially legalizing and normalizing a toxic, damaging substance – no matter how one ingests it – and the ones who will suffer most will be our youth and their families. What does this say for future generations? I don't know how the people we vote for can't see this or why they would allow this entire travesty to continue.

Please understand that I don't condemn marijuana for medicinal purposes. I believe there is a time and place for this service, for those who actually need it for that reason - and I'm glad it exists for those people. But to make pot this accessible, with no strict, legislated guidelines especially directly related to our youth, is nothing more than devastatingly irresponsible. I implore you to think again before you contribute to making this easy attaining of pot the status quo.

Sincerely,

Candace Plattor, M.A., R.C.C.

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Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Monday, June 15, 2015 10:57 AM
To: Public Hearing
Subject: FW: Dispensaries public hearing from Karuna Health Foundation

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

From: SACHA CANOW s.22(1) Personal and Confidential
Sent: Saturday, June 13, 2015 6:14 PM
To: Correspondence Group, City Clerk's Office
Subject: Dispensaries public hearing from Karuna Health Foundation

As I have stated before I believe that if you force all the dispensaries to build the code like any other business meaning that because they all have edibles they would have to adhere to the same regulations as a coffee shop or retail food outlet. having built many of these for other people and currently for myself unless you do a very quick and dirty so to speak location it is very difficult to go through this process. requiring an architect to sign off as well as other professionals. I would wager that very few dispensaries will be able to complete this process successfully you can also charge a type of fee that represents the oversight time required to review these building applications and business licenses. having done this and having them require insurance would sure limited liability on behalf of the city. this is one solution and another would be having health inspections on a regular basis that coincide with the business application they would be attempting. also through this process the city could review if the building was acceptable or not for the type of business proposed ie: a dispensary. I think that a regular review board should also be set up dealing with complaints legitimate or not. These complaints must be investigated. also through the process of applying for a building permit the city can decide what kind of store front and what kind of access is appropriate for such a business. we at Karuna have already been through this process with the city and feel that both sides have negotiated well. We now have a very good design that the city could use as a standard for this industry. We feel the city should monitor our success with this facility and Deem it to be a successful design or not based on a few visits by the city. So having said all this again based on available parking seating capacity bathroom requirements excetera just like a normal business the city will find that this will be a very simple solution that they already have in place and will find they really do not need all these other regulations because they already have them similar to liquor store or pub in terms of proximity and neighborhoods will suffice. the city will find that many of these dispensaries that may be a liability to the city unto themselves will not be able to operate or demonstrate the ability to conform any other business regulations. and again how is it fair that these people are able to open these dispensaries without any rules and with good profitability when Joe Blow opening a coffee shop has to jump through hoops in order to open a much more simple business . creating common ground and the same rules that apply to both would be much more fair as well. also based on the certainty that some of these clubs will break the rules of vaping or smoking indoors , the city we need to strengthen their requirements for insurance and more so fire exits. having these clubs require prevention from encouraging youth to seek out their facility or see inside the facility or even know what kind of facility it is I believe is a must. This would require detailed proposals for storefront signage for example neon pot leaf in Windows may require review. having a waiting room where you are required to be buzzed in is also a good idea. Waiting room people should have limited visibility beyond the entrance door to the dispensary area. allow underage people to enter the front door and still have no clue what may be taking place on premises. In short the city has already going through this with Karuna so forcing this as a requirement based on what we've done including edibles packaging childproofing it detailing dosage amount ect, nutritional amounts, ingredients etc will solve all of their problems. we encourage the city to come work with us even more so than we already have been and we can resolve this issue quickly. thank you for listening I strongly encourage you guys to call sacha or bonnie directors of karuna at 778 588 1888. We can help as we believe we have done everything and more that the city should be doing to regulate this. there are some who have done many good things but of course the problem is there are many who have not. We look forward to working with you.

Kazakoff, Laura

From: Kazakoff, Laura
Sent: Tuesday, June 16, 2015 9:33 AM
To: Public Hearing
Subject: FW: Follow up of Council Presentation

From: Ian Waddell
Sent: Monday, June 15, 2015 3:06 PM
To: Jang, Kerry; Carr, Adriane; Ballem, Penny
Subject: RE: Follow up of Council Presentation

Hello,

I appeared before City Council on Saturday, June 13, 2015. At the time I suggested a possible motion that council might want to consider.

Below is a suggested motion.

This would achieve indirectly (the promotion of best practices) what may be problematic to do directly (a straight on bylaw requiring them).

I should add Health Canada in their regulations requires this.

Moved: that Council instruct City Inspectors to work in conjunction with Vancouver Coastal Health to promote quality control in City licenced dispensaries to address the overall needs of Public Health and Public Safety which would include :

- < Third Party Testing**
- < Clear labelling with test results and Safety messages**
- < Certified Child resistant packaging**

Thank you for your consideration.

Ian

IAN G. WADDELL, Q.C.

s.22(1) Personal and Confidential



Kazakoff, Laura

From: Correspondence Group, City Clerk's Office
Sent: Friday, June 19, 2015 9:36 AM
To: Public Hearing
Subject: FW: Amended Recommendations
Attachments: Submission to Vancouver City Council and Mayor June18th.docx

From: hilary black s.22(1) Personal and Confidential
Sent: Friday, June 19, 2015 9:24 AM
To: Correspondence Group, City Clerk's Office
Subject: Amended Recommendations

I respectfully submit my amended recommendations for your consideration.

Warm Regards,
Hilary Black

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"Almost anything you do will seem insignificant, but it is very important that you do it.
You must be the change that you wish to see in the world."

~ Mahatma Gandhi

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of Retail Dealers – Medical Marijuana-Related Uses

Introduction

Pursuant to my presentation to the mayor and council on June 10th, I have prepared the following information to answer the questions you tasked me with.

For those counsellors not in attendance on June 10th, highlights of my background include:

- Founder of the first medical cannabis dispensary in Canada, the BC Compassion Club Society and Wellness Center, in 1997.
- Recipient of the Diamond Jubilee Medal recognizing a significant contribution to Canada for medical cannabis related work.
- Currently the Director of Community and Patient services for Bedrocan Canada, one of the federally license producers of medical cannabis.
- Advisor to the Canadian Medical Cannabis Industry Association
- Advisor to the Canadian Association of Medical Cannabis Dispensaries
- Advisor to the BC Compassion Club Society

If the council and mayor choose to send the regulations back to city for further revisions I am at your service and would be happy to provide further information.

The council and mayor requested input on four issues:

1. Solutions to address the Vancouver Coastal Health's concerns regarding edible cannabis products.
2. A list of the long-standing dispensaries that contribute to their community and should not be forced to move.
3. Suggestions for altering the fee structure to account for true non-profits Societies and to mandate giving back to the patients and community.
4. How the proposed regulations need to be amended to better address the needs of critically and chronically ill patients.

To address these four issues I respectfully submit 8 recommendations for your consideration.

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of Retail Dealers – Medical Marijuana-Related Uses

Recommendations

Recommendation #1 – Edible cannabis products should be regulated in a responsible manner, not banned, consistent with the recent Supreme Court ruling.

(Recommended Regulations 3. Operational Regulations, Table 1)

The coastal health authority is concerned about edible cannabis products being attractive to children and posing a danger to youth. As the council has repeatedly heard in the hearing, the proposal to only allow infused oil is not adequate to account for patients' diverse medical needs. Specifically, patients require single dose products for safe self-titration and a variety of edible products as the form of the delivery product affects the time of onset.

The Supreme Court unanimously voted that all medical cannabis products, including edibles, are constitutionally equivalent and therefore legalized possession of edibles for medicinal use. I encourage Vancouver to consider regulations that follow the spirit of the Supreme Court ruling.

The following suggestions are intended to address the concerns of Vancouver Coastal Health:

Packaging

- Opaque or solid packaging materials are used so the product is not visible
- Childproof pouches used as shopping bags to place edible products in before the patient leave the dispensary.
- Example: (<http://www.marijuanapackaging.com/dispensary-supply/child-resistant-astm-bags.html>)
- Child resistant lids for products administered in bottles or jars.

Labelling

- Plain and “boring” print only
- No bright colours used
- Clear warning labels
 - NOT FOR CHILDREN For personal and medical use only. This product contains cannabis and has intoxicating and potentially psychoactive effects. Keep out of the reach of children. Do not operate heavy machinery or drive when using this medical product. Do not mix with alcohol, as this will intensify the effects. Not for redistribution or resale.
 -

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of Retail Dealers – Medical Marijuana-Related Uses

- Safe dosing instructions
 - DOSE LOW AND GO SLOW. Ingesting cannabis affects your body very differently than inhaling. Always start with a small dose until you know your body's tolerance level. Time of onset can be up to 2 hours. The length of effect can be up to 8 hours or more. Check the strength of each new batch of products before consuming a regular portion. If you are new to consuming edible cannabis products talk to your medical cannabis dispensary for education on how to safely self-titrate.
- Ingredients List
- Nutrition Facts
- Allergy warning
- Potency Testing
 - Total milligrams and total % of THC and CBD / serving -- *please note this will take some time to implement as certified labs are currently not authorized to test products from dispensaries.*
- Food Safe Production Requirements

Recommendation #2 – Include an exemption process to allow the council to “grandfather in” longstanding dispensaries who contribute to their communities.

(Recommended Regulations 4. Implementation Process a) Existing Marijuana-Related Uses)

The following dispensaries should not have to move from their current location. They have been serving their communities for many years, contribute resources back into their respective communities and are supported by many other patient service organizations in Vancouver. A forced move would likely cause the organizations to shut down causing immeasurable hardship for thousands of patients and interruption of important healthcare services.

- BC Compassion Club Society, founded in 1997. Located at 2995 Commercial Drive.
- Green Cross Society, founded in 2005. Located at 2145 Kingsway and 4296 Main St.
- Vancouver Dispensary, founded in 2008, Located at 880 East Hastings and 1182 Thurlow St.

Note: The Eden Medicinal Society (EMS) , founded in 2011, although not a “long standing” dispensary, is the first dispensary to be accredited by the Canadian Association of Medical Cannabis Dispensaries (CAMCD). The certification process is rigorous and ensures high quality and responsible patient care. EMS also offers valuable community services.

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of
Retail Dealers – Medical Marijuana-Related Uses

Recommendation # 3 – Create a new category of licensing fees for non-profits who are contributing resources back into their communities.

(recommended regulations 1.c.c.)

True non-profit dispensaries should be able to apply for an exemption to the \$30,000 licensing fee and be **required to provide evidence of significant community contributions**. There are few organizations that would deserve such an exemption, therefor not significantly affecting the city's proposed budget for implementing these regulations.

There is a distinction to be made between the non-profit societies distributing cannabis; some are actual membership-based non-profits with a full voting membership who maintains care and control over the direction of the society, while others are not.

Victoria city council has recently made this distinction.

[https://victoria.civicweb.net/Documents/DocumentList.aspx?ID=82575'](https://victoria.civicweb.net/Documents/DocumentList.aspx?ID=82575)

Registered non-profits are required to submit yearly financial statements and are financially transparent and accountable.

Recommendation #4 – All dispensaries should be required to have natural healthcare professionals on staff.

Subsidizing complimentary healthcare services is a direct and effective way of contributing to the health and quality of life of the patients supporting the cannabis dispensaries. Making additional healthcare services available supports the healthy and responsible use of medical cannabis. For example, if a patients' intake dramatically increases, one might discover they recently had a death in the family and are using cannabis to manage their depression, what would serve their health in a more responsible manner would be speaking with a counsellor.

Similar to the strategy of the safe injection site, offering subsidized healthcare services at medical cannabis dispensaries creates an access point for these services to marginalized and impoverished citizens of Vancouver, who would otherwise never be able to access complimentary healthcare.

This model:

- Ensures a higher level of responsibility and professionalism when managing with issues such as mental health concerns
- Supports harm reduction services to those in need
- Reduces financial impact on public health services

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of Retail Dealers – Medical Marijuana-Related Uses

All cannabis dispensaries should be required to *at least* have a Medical Director. The Medical Director should be licensed in a modality with a regulatory board, such as:

- Medical Dr
- Nurse Practitioner
- Dr of Traditional Medicine
- Dr of Naturopathic Medicine

Ideally, cannabis dispensaries would be required to have healthcare practitioners on staff; proportional to the number of active clients they are serving.

Example:

1-1000 active clients	1 full time practitioner is required
1000-2000 active clients	2 full time practitioners are required
2000-3000 active clients	3 full time practitioners are required
3000-4000 active clients	4 full time practitioners are required
4000 + active clients	5 full time practitioners are required

Recommended healthcare practitioners appropriate to compliment cannabis therapies:

- Clinical Herbalist
- Certified Counsellor
- Certified Nutritionist
- Massage Therapist
- Cranio-Sacral Therapist
- Other body workers

Note: At the BC Compassion Club Society there is currently a 1.5 year wait list for clinical herbalists and counsellors.

Recommendation # 5 – Allow minors to enter dispensaries if supervised by a parent or guardian or if authorized by a healthcare professional to use cannabis therapies.

(Recommended Regulations 3. Operational Regulations Table 1)

Unaccompanied minors without medical authorization to use cannabis as a medicine should not be allowed in medical cannabis dispensaries. Minors with parental or guardian supervision and those minors with an authorization to use medical cannabis in conjunction with parental permission should be allowed on the premises.

Submission of Hilary Black to the City of Vancouver on the Proposed Regulation of
Retail Dealers – Medical Marijuana-Related Uses

Recommendation # 6 – All dispensaries should be required to be members of the Canadian Association of Medical Cannabis Dispensaries (CAMCD) or, alternatively, should be given a demerit point if they are not.

CAMCD has developed extensive and thorough standard operating procedures to ensure high quality patient care in every aspect of operating a real medical cannabis dispensary. The certification process is rigorous and ensures the safety, transparency, accountability and professionalism of the services offered.

The city's proposed regulations do not speak to intake and eligibility; in order to ensure these dispensaries are indeed for medical purposes, requiring CAMCD certification ensures appropriate intake requirements are in place.

Membership and certification in this organization should be mandatory. Alternatively, demerit points should be granted for dispensaries that are not members of CAMCD.

Recommendation #7 – The Vancouver City Council should lobby the Federal Government to include medical cannabis dispensaries in the federal regulations, the Marijuana for Medical Purposes Regulations (MMPR).

Long-standing dispensaries have spent years lobbying the federal government to bring us in out of cold and allow us to operate in a legal framework.

Currently the federally regulated MMPR system is co-existing with the civilly disobedient dispensaries. Health Canada should devise a regulatory framework that includes dispensaries and supply would therefor also become regulated.

This may be helpful position to take when receiving criticism from the federal government for the proposed regulations.

Recommendation # 8 - The council should limit the number of dispensary licenses to 10-20.

I believe 90 medical cannabis dispensaries in Vancouver are too many. The needs of patients could be more than adequately be met by 10-20 high quality responsible organizations spread across the city. I suggest starting with a smaller program that is more manageable and easier to regulate. Many of the stakeholders and citizens I have spoken with agree 90 dispensaries are problematic.