

**Isfeld, Lori**

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**From:** Sandra MacPherson <essmac@telus.net>  
**Sent:** Tuesday, June 09, 2015 3:55 PM  
**To:** Correspondence Group, City Clerk's Office  
**Cc:** Public Hearing  
**Subject:** Regulation of Retail Dealers – Medical Marijuana-Related Uses

Dear Mayor and Council –

s.22(1) Personal and Confidential concerning the location of a new medicinal marijuana dispensary at 512 Beatty Street (different address, same building). The Healing Tree opened their doors to the public on May 29/15 and occupies one of the two commercial units **inside** my building.

On their opening day, it was evident that smoking was going on in the unit. As they share the common property area with full-time residents of 518 Beatty Street, the ground floor common area smelled strongly of marijuana. The basement level where other tenants reside smelled of marijuana. I was aware of the smell of marijuana in the parking garage in the level below that. I did not venture above the commercial unit, but imagine there is a very strong smell on that floor as well.

I have read the lease agreement which says the new tenant is a Naturopathic Dispensary and Holistic Centre. Incidentally, their window signage reads in large letters, Marijuana Dispensary. Nothing indicates Naturopathic Dispensary and Holistic Centre which, I assume, might confuse potential customers.

I realize Council must create fair rules that apply to all commercial businesses no matter what that business might be, however – this is in my home. I feel I should be able to come to my home and expect a degree of comfort and enjoyment in my personal space. Now whenever I have to walk through the lingering smell of pot on the lower floors, it depresses me.

I am NOT against marijuana or those who use it recreationally or medicinally. I've asked myself, if I couldn't smell it, would it bother me. The answer is – no. It would NOT bother me. But it does smell. Overall, this issue has created a great deal of anxiety for me.

**I have read the “Regulation of Retail Dealers” report and was alarmed to see there was no provision for dispensaries that might co-habit residential/condo-type buildings. The City of Chicago has enacted such a bylaw (as have other US cities) that restricts this side-by-side existence. As Vancouver is a condo city, I would hope for similar.**

**If the City does not enact such a bylaw, more than anything, I am hoping Council will NOT grandfather in dispensaries that have popped up in the last little while.** I know if a restaurant/bar in my area applied for longer hours I would be able to speak to that issue as part of a more civilized, case-by-case setting. Not as part of, what I fear has become some sort of Dispensary Omnibus Bill.

Finally, I am not a NIMBY. Cannabis Culture and other pot related-businesses have resided in my back yard for at least as long as I have. Around 15 years. Healing Tree, on the other hand, is Not In My Back Yard – they are in my home.

Thank you for taking the time to read my letter. I am registered to speak at the hearing, but admit, my nerves may get the best of me due to the crowds. Please accept this letter as my response.

Thank you.

Sandra MacPherson

s.22(1) Personal and Confidential

**Isfeld, Lori**

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**From:** Correspondence Group, City Clerk's Office  
**Sent:** Wednesday, June 10, 2015 9:24 AM  
**To:** Public Hearing  
**Subject:** FW: Written submission to address the medical dispensaries issue  
**Attachments:** 15-06-09 - Letter to Vancouver City Council regarding marijuana dispensaries.doc

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**From:** Joseph R. Miller s.22(1) Personal and Confidential  
**Sent:** Tuesday, June 09, 2015 8:30 PM  
**To:** Correspondence Group, City Clerk's Office  
**Subject:** Written submission to address the medical dispensaries issue

15-06-09  
20:24 PDT

To Whom It May Concern:

Please accept the attached MS Word document "15-06-09 - Letter to Vancouver City Council regarding marijuana dispensaries" to be included in your public hearings scheduled to commence tomorrow. I should much rather speak to council in person, but unfortunately I shall be out-of-country as of tomorrow. I hope to be able to speak to you at one of the next hearings.

Thank you kindly for your attention to this matter.

Yours truly,

Joseph R. Miller

s.22(1) Personal and Confidential



My name is Joseph R. Miller and I reside in the City of Vancouver.

First of all, I should like to take this opportunity to thank my city council for taking the initiative to formalize regulations for medicinal cannabis, and for giving me the opportunity to share my own experiences and beliefs with you. I believe that you have shown great courage in your attempts to be accountable to we, the residents of the City of Vancouver, even though some of our viewpoints are vastly different from those of the current Canadian government.

Point of disclosure; I have a cannabis authorization for "Physical Medicine" as prescribed by my physiatrist for chronic pain, and apart from a brief sojourn out of Canada, I have been using only hashish for pain relief since July 26th, 2014. How I came about using hashish was purely by accident, whilst I was being sociable and having two illegal tokes of "BC Bud" with acquaintances.

My last shift worked ended at 07:00 on January 4th, 2012. In the preceding 5 years of work, I took a minimum of 2,700 Tylenol 500mg Extra-Strengths, and 1,400 500mg Naproxens. Due to the amounts of legal prescriptions and over-the-counter synthetic medications consumed by myself, both then and after my working days were concluded, my family physician has, on numerous occasions, had blood tests and ultrasounds of my internal organs due to the possibility of damage occurring to my organs from these legal pharmaceuticals.

Since I last worked, I have had 7, with at least an 8th operation still a possibility. I have had chronic pain throughout, and I had been prescribed Tylenol 3, Gabapentin, Naproxen, Flexeril, and Nabilone simultaneously. When my long-term disability plan from my employment stopped covering my medications last July, I discovered that my medications would cost \$400/month, which is quite a substantial sum for myself, or almost everyone else, to pay over and above conventional living expenses.

While awaiting my 7th operation I was consuming all of my prescriptions, including Tylenol 3 every 4 hours. After I had my 2 tokes of "BC Bud", I was astounded to find that my pain became tolerable for a full 5 1/2 hours. I honestly can't remember the last time I actually had no pain; I've just had varying degrees of pain. Those 2 tokes gave me more relief than the entire cocktail of legalized painkillers that had been prescribed to me!

When I was out-of-country I was unable to walk and had to be hospitalized, even though I had brought my legal pain-killers with me. On 2 consecutive days, I had 8 1g Nabilone capsules, which is synthetic THC, and then 9 capsules the next day, triple my prescribed dosage, all to no avail. I discovered then that my condition not only needs the THC found in cannabis, but also the cannabinoids found therein.

My chronic pain restricts my movements and activities. I am no longer able to attend outdoor activities such as the annual fireworks competition or food festivities. When I grocery-shop it is necessary to use the shopping cart for support and I usually feel adverse affects for a couple of days thereafter.

The current restrictions on delivery and mail orders are a real problem for many people such as myself, who will be unable to easily visit dispensaries. They may have physical impairments restricting their movements, or they may also have fears about being robbed after visiting their local dispensary, or any number of other issues. Once a person is legally approved to use medicinal marijuana, then they should also be allowed to call in their order and have it delivered or mailed to them. Pharmaceutical products are allowed to be delivered in at least one other province in Canada [I myself received medications in this manner] and some pharmacies even offered free delivery. I urge you to continue allowing dispensaries to offer delivery service to their customers who may be unable to access it otherwise.

When I returned to college more than a decade ago, I was tested for ADHD, whereupon I was diagnosed completely atypical of Attentive Disorder, **Nick, atypical means not typical; if you believe that it's better to state it another way, then you have my permission to change it, or must I do it, for authenticity?** but that I was very hyper-active [Hyper-active Disorder]. Paxil helped somewhat with this, but I was still described by students and faculty as "Tigger", the bouncing tiger in the Winnie the Pooh stories. I was then put on different mood-altering drugs, which had very detrimental effects on my abilities. I was unable to concentrate or do calculations [on 2 tests I scored 55% and 60% below my average]. I also lacked any "joie de vivre".

After those various cocktails I was prescribed Lithium, which I tried for upward of a year, with no apparent results. One of my acquaintances then gave me all of his marijuana stems and leaves from his plants, as he was solely interested in the bud of the plant for his recreational enjoyment. I ground up the stems and leaves to make a weak tea and consumed a 2-ounce [50ml] dose in the morning, and another dose at noon. I informed my psychiatrist that I was using this tea, rather than any pharmaceuticals, to slow me down. He told me that he'd never seen me so calm, but he also informed me that he could only prescribe marijuana for physical pain and not for mental health issues.

Having my city council proceed with public hearings regarding actually regulating and inspecting medical marijuana dispensaries is a great step in the right direction! Society has to learn to appreciate the medicinal values of marijuana, rather than believing the propaganda of the "War On Drugs", i.e. an addictive drug with no medicinal purpose [Schedule 1], or that it's a stepping-stone to more addictive narcotics.

Having said that, I believe that there are several particulars in council's current draft proposal which are detrimental to having medicinal marijuana readily available to those who require it. The proposed annual business licence fee proposal of \$30,000 is astronomical in relation to the other licence fees charged by the city. I believe the next closest fees are for massage parlours and casinos, both costing only \$12,000 annually [plus \$1,500/masseuse for the parlours]. Vancouver shouldn't be attempting to charge drug cartel street prices; rather they should be trying to allow legal and cost-effective medical expenditures for patients. Having marijuana medicine available locally, produced by local growers, or by personal gardening, would actually remove the cartels

from the equation, and should also have a beneficial result on the price. I'm certain that the amount of annual net income generated by a casino far surpasses even the busiest dispensaries' profits. Many of the city's dispensaries are also non-profits, and this exorbitant licencing fee will have to be shouldered by the patients, on top of the actual production costs.

I find that the council's proposals are reflective upon the acceptance of medical marijuana by Canadian society as a whole, as every poll taken this century finds a majority of citizens to be in favour of legalizing medicinal marijuana, and most citizens are also in favour of legalizing marijuana for recreational purposes. I approve of the City of Vancouver's disregarding of the enforcement of criminal possession charges for minor amounts of marijuana. I have experienced trepidation and uncertainty in what I may say and to whom I say it. As the laws stand at present, I am legally allowed to consume my medicine, but I'm unable to possess it. This is totally nonsensical and should also be addressed to remove this, and any other doubts, which people may have as to legalities.

Last year I consumed my medicine by inhaling from a pipe. This year I came to the realization that I was inhaling unnecessarily copper, zinc, and whatever other minerals were in the brass filters in my pipe bowl. I am fortuitous in being able to also eat hashish by itself, resulting in the total product being consumed and utilized in my body. Many people aren't able to eat hashish or marijuana in their pure state, but they can eat foodstuff or imbibe concoctions that contain marijuana or hashish. People should be allowed to purchase ready-to-eat or ready-to-drink products that come complete with proper labelling and recommended dosages.

Some people, such as my sister, have debilitating diseases which marijuana have been proven to help, such as MS. Yet my sister, even though she is allowed to have medicinal marijuana, doesn't partake of it, as she has 2 teenaged sons and she "doesn't want to set a bad example". Breaking down the stigma associated with this miraculous plant is long overdue! When people who can benefit enormously don't even try marijuana due to prejudicial viewpoints from the Harper Government, and even some of the professionals involved [such as my former family physician], not to mention the entire "War On Drugs" propaganda, it then becomes necessary to educate the populace and delegate the massive amount of propaganda on this topic to the trash bins where it belongs!

Thank you once again for reaching out to us, the residents of Vancouver, and I sincerely hope that you will pass the new regulations, but only after reconsidering many of the issues that I have mentioned.

## Isfeld, Lori

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**From:** Correspondence Group, City Clerk's Office  
**Sent:** Wednesday, June 10, 2015 9:31 AM  
**To:** Public Hearing  
**Subject:** FW: Regulation of Retail Dealers – Medical Marijuana-Related Uses  
**Attachments:** CAMCD\_Submission\_MMAR\_July 2011\_Revised.pdf; roadmap\_to\_compassion-5.pdf; Guidelines for Distribution.pdf; CAMCSEED\_CONSULTATION REPORT\_Sept 2012.pdf; SEED\_Baseline Report\_FINAL.pdf; Barriers to access for Canadians who use cannabis for therapeutic purposes.pdf; Cannabis for therapeutic purposes- Patient characteristics, access, and reasons for use.pdf; Medical Marijuana, Community Building, and Canada's Compassionate Societies1.pdf

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**From:** Rielle Capler s.22(1) Personal and Confidential  
**Sent:** Tuesday, June 09, 2015 11:01 PM  
**To:** Correspondence Group, City Clerk's Office  
**Subject:** Regulation of Retail Dealers – Medical Marijuana-Related Uses

Dear Mayor and Council,

Please find the attached research and policy documents related to the regulation of medical marijuana retail dealers in Vancouver for your review and reference. I will speak to some of these documents briefly in my presentation to council, in addition to sharing some other pertinent unpublished research findings.

Cordially,  
Rielle Capler, MHA, PhD(c)

List of attached documents:

1. Roadmap to Compassion: The Implementation of a Working Medicinal Cannabis Program in Canada (2004)
2. Guidelines for the Community-Based Distribution of Medical Cannabis in Canada, 2006
3. Medical Marijuana, Community Building, and Canada's Compassionate Societies, 2007
4. Inclusion of Medical Cannabis Dispensaries in the Regulatory Framework: Submission of the Canadian Association of Medical Cannabis Dispensaries on the Amendments to Health Canada's Marijuana Medical Access Regulations, 2011
5. CAMCD Standards and Certification Program for Medical Cannabis Dispensaries in Canada: Consultation Document, 2012
6. Cannabis for therapeutic purposes - Patient characteristics, access and reasons for use, 2013
7. CAMCD Medical Cannabis Dispensary Certification Pilot Program: Baseline Data Summary Report, 2014
8. Barriers to access for Canadians who use cannabis for therapeutic purposes, 2014

**Isfeld, Lori**

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**From:** Correspondence Group, City Clerk's Office  
**Sent:** Wednesday, June 10, 2015 9:32 AM  
**To:** Public Hearing  
**Subject:** FW: Public Consultation on Dispensaries/Compassion Clubs  
**Attachments:** Vancouver Dispensary By law.docx

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**From:** John Conroy s.22(1) Personal and Confidential  
**Sent:** Tuesday, June 09, 2015 11:51 PM  
**To:** Correspondence Group, City Clerk's Office  
**Cc:** s.22(1) Personal and Confidential  
**Subject:** Public Consultation on Dispensaries/Compassion Clubs

Dear Mr. Mayor, and Members of Council,

I am writing to you in my capacity as legal counsel involved in a number of aspects of the Cannabis issue as disclosed below, but in particular on behalf of the British Columbia Compassion Club Society(BCCCS) identified by you at page 3 of the Policy Report on Health of April 21, 2015 as the first "marihuana related business" to open in Vancouver around 1997, now some approximately 17 – 18 years ago.

I have acted as legal counsel to that Society since its incorporation many years ago and suffice to say the engagement of my services has been on a very occasional and limited basis simply because of its smooth operation, support of its membership and lack of complaints from the neighbors and others, throughout its long history, at its particular location at 2995 Commercial Dr., Vancouver, BC with C – 2C – 1 zoning that does not appear to preclude its use as a commercial activity in terms of land use within the zone. It has endeavored to become licensed by the City for many years but the City has declined to issue such a license and has nevertheless allowed it to continue at its present location with its full knowledge of its activities and declining to take any action to prevent it from continuing to do so. Discussions were held with City Council members and Vancouver Police drug squad representatives in the early days that led to a non - enforcement policy based on other higher priorities and an understanding by the Club that appropriate investigations have taken place that verified that it strictly complied with the medical authorization requirement and was clearly altruistically dedicated to compassionately assisting patients and was not a front for a dealer seeking to



make a profit. Leaders of the Club have been instrumental along with others in the formation of the Canadian Association of Medical Dispensaries in Canada (CAMCD) to standardize the rules and practices in such matters for such organizations. It has had a school – Stratford Hope - arrive across the street since its inception, as well as more recently, another dispensary. It enjoys a good relationship and support from the school. The school and other dispensary are probably located within 300 m. of the Club.

The BC Compassion Club Society is a nonprofit society registered under the BC Societies Act dedicated to ensuring that "medically approved" patients have reasonable access to their authorized medications. It has existed since before the 1999 Parker case that led to the decision of the Ontario Court of Appeal in 2000 that in turn led to the Marihuana for Medical Access Regulations in 2001 (MMAR) as an exemption under the Controlled Drugs and Substances Act and more recently the Marihuana for Medical Purposes, Regulations 2013 (MMPR). It is a patient membership-based organization that requires something in writing from their doctor as to medical approval and diagnosis from each patient and supplies them with a variety of cannabis products, including edibles, and has done so for all these years, without significant incidents.

I have been involved as legal counsel in many cannabis related cases, including as counsel on behalf of Randy Caine in the Malmo Levine; Caine decision of the Supreme Court of Canada in 2003; on behalf of Vandu In the supervised injection site case – PHS Society v. Canada, and appeared as co-counsel with Kirk Tousaw recently in the Supreme Court of Canada in the Smith case that will be decided this Thursday morning involving the MMAR Limitation to "dried marihuana". I'm also lead counsel in Allard et al v. Canada, that resulted in the interim injunction preserving personal production and designated driver licenses for some authorized patients under the MMAR in March 2014, the trial of which has now concluded included and awaits the decision of Justice Phelan of the Federal Court Trial Division, both with respect to a motion to vary the injunction pending his final decision, to allow the movement of production sites particular) and his final decision on the merits of the case.

I have acted on behalf of defendants in numerous marihuana cases and I have been the President of the National Organization for the Reform of the Marihuana

laws in Canada(NORMLCANADA) since 1978. I have Been a Member of the Canadian Bar Association since 1972 and chaired a National Committee on Imprisonment and Release of that organization for some 15 years and appeared before numerous Senate and Parliamentary Committees in relation to issues involving imprisonment and release as well as drug laws.

In my opinion, we have finally reached a time in history where a majority of the people support the legalization of cannabis and developments in the USA in Washington state and Colorado in particular, as well as the existence of some 35 medical marihuana states indicates that marihuana is now going mainstream and this roll is not going to be undone. People have been voting by their conduct and federal politicians have not been listening. Local governments have been listening and there is no question that there is a need to regulate the market. It is therefore incumbent upon the local governments impacted by what has developed in the market to lobby the federal government, along with the support of the provincial government to remove cannabis from Schedule II of the Controlled Drugs and Substances Act, allowing its medical used to be governed by the Natural Health Care Product Regulations under the Food and Drugs Act federally, in conjunction with provincial legislation with respect to recreational use and local government bylaws with respect to local impacts in terms of land use, zoning and other factors. This of course includes regulations that permit taxation in terms of recreational use by both the federal and provincial governments, but limiting medical use to a zero's rating as for other drugs.

We have arrived at the stage in history where it is pure folly to try and enforce the federal law in relation to cannabis any longer and the police, the courts and the corrections authorities realize that it is a complete waste of taxpayer's dollar to do so and will cause increased negative consequences driving the industry back underground with all of its negative consequences, including use of violence to resolve disputes. The police know this, the provincial courts know this, the local governments know this, the provincial governments know this and the federal government is willfully blind. This should be an election issue in October 2015 and the provinces and local government should join in the lobby for legalization that is also supported by the medical profession community rather than accept the role as gatekeepers for medical purposes. Cannabis continued to be on the UK pharmacopeia until 1949 and in the US until 1942. Contrary to popular myth, there

is a huge amount of information available about cannabis and its use for medical purposes and its consequences, including double-blind, placebo-based studies. Indeed marijuana has been studied more than any other drug, and the cohorts in these studies have been greater than for regular pharmaceuticals and have not been financed by the pharmaceutical industry Corporation so wishes to market the drug.

I am attaching a copy of the City of Vancouver Policy Report on Health of April 21, 2015, together with various aspects highlighted in red, as well as my specific questions arising from this document and submissions in relation thereto, in particular focusing on the impact of this new proposed regulations on an organization like the British Columbia Compassion Club Society. In particular, it is submitted that the society should be exempt from any exorbitant new fee structure recognizing its genuine altruistic role as a nonprofit Compassion Club for medically approved patients that has existed with the tacit approval of the city for all of these years in that zone and has the support of the nearby school and, it is submitted, if too close to the other dispensary, should receive priority as being in this location for the other dispensary and for such a long time without any apparent complaints from neighbors or others about its operations. It is respectfully submitted that the principles of "a nonconforming use" and "issue estoppel" should be honored in the circumstances with respect to this club.

I expect that this consultation process will continue for some time and that there will be an opportunity to meet with officials with respect to specifics in relation to this particular Club before any adverse consequences are imposed upon it.

I look forward to hearing from you in this regard.

Yours very truly,

John W. Conroy QC  
Conroy & Company  
Barrister & Solicitor

s.22(1) Personal and Confidential





POLICY REPORT  
HEALTH

Report Date: April 21, 2015  
Contact: Andreea Toma  
Contact No.: 604.873.7545  
RTS No.: 10939  
VanRIMS No.: 08-2000-20  
Meeting Date: April 28, 2015

TO: Vancouver City Council

FROM: Chief Licence Inspector and the General Manager of Planning and Development Services

SUBJECT: Regulation of Retail Dealers - Medical Marijuana-Related Uses

**RECOMMENDATION**

- A. THAT the Director of Planning be instructed to make application to amend the Zoning and Development By-law, the Downtown District Official Development Plan, and the Downtown Eastside Oppenheimer District Official Development Plan regarding Retail Dealers - Medical Marijuana-Related Uses and that the application be referred to Public Hearing, together with the draft amendments as outlined in Appendices B, C and D to this report;

FURTHER THAT the Director of Legal Services be instructed to prepare the amending by-laws generally as set out in Appendices B, C and D for consideration at the Public Hearing.

- B. THAT subject to enactment of the proposed amendments to the Zoning and Development By-law, the Downtown District Official Development Plan, and the Downtown Eastside Oppenheimer District Official Development Plan, the License By-law be amended to allow, regulate and establish a fee for Retail Dealers - Medical Marijuana-Related Uses, generally as set out in Appendix E.
- C. THAT subject to enactment of the proposed amendments to the Zoning and Development By-law, the Downtown District Official Development Plan, and the Downtown Eastside Oppenheimer District Official Development Plan, the Ticket Offences By-law be amended to enable ticketing for related offences, generally as set out in Appendix F.

- D. THAT subject to enactment of the proposed amendments to the Zoning and Development By-law, the Downtown District Official Development Plan, and the Downtown Eastside Oppenheimer District Official Development Plan, the Zoning and Development Fees By-law be amended to set a fee for permits, generally as set out in Appendix G.
- E. THAT the Director of Legal Services be instructed to bring forward the amendments to the License By-law, Ticket Offences By-law and Zoning and Development Fees By-law at the time of enactment of the amendments to the Zoning and Development By-law, the Downtown District Official Development Plan, and the Downtown Eastside Oppenheimer District Official Development Plan.
- F. THAT subject to enactment of the proposed amendments to the Zoning and Development By-law, Council adopt the Guidelines for Retail Dealer - Medical Marijuana-related Uses near youth facilities, as set out in Appendix I, and instruct the General Manager of Planning and Development Services to apply them.

**REPORT SUMMARY**

This report recommends regulations for **an emerging sector of retail businesses related to the provision of advice for medicinal marijuana**. The regulations will ensure that availability of these services is sufficient to meet local needs and, as in all areas of business activity in the city, that business is conducted appropriately in the context of health, safety, and the public interest.

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**COUNCIL AUTHORITY/PREVIOUS DECISIONS**

The *Vancouver Charter* accords Council the authority to **regulate land use and businesses such as retail shops (S. 272)**. The City has **no authority to regulate the sale of controlled substances such as marijuana**; accordingly, this report recommends land use and business regulations, and does not seek to regulate the product itself.

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There are no previous Council decisions relevant to this matter.

**CITY MANAGER'S/GENERAL MANAGER'S COMMENTS**

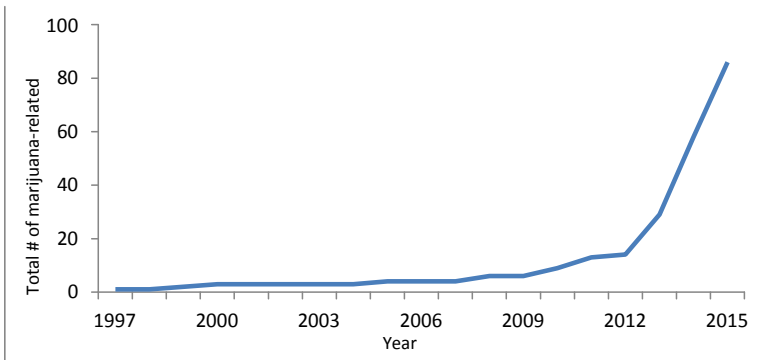
The City Manager, the acting General Manager of Community Services and General Manager of Planning and Development Services recommend APPROVAL of this report.

**REPORT**

**Background/Context**

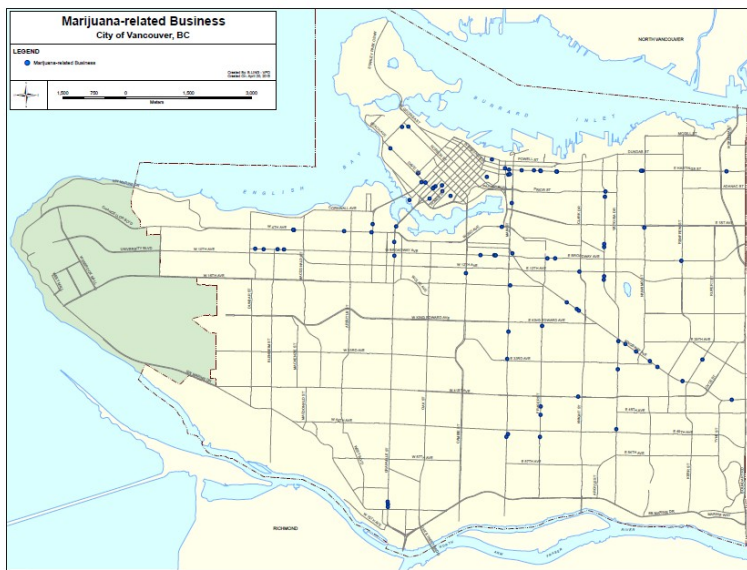
The first marijuana-related business (**the BC Compassion Club**) opened in Vancouver around 1997. In the last three years the number of similar businesses has increased significantly. There are now over 80 confirmed marijuana-related businesses in the city operating without a business licence and the total number has grown at a rate of 100 percent per year for the past two years. Judging by the growth in the first quarter of this year, 2015 is poised to see a continuation in the high rate of growth as noted in Figure 1.

Figure 1 Number of marijuana-related businesses in the city over time



The distribution of these businesses across the city is illustrated below in figure 2.

Figure 2: Distribution of marijuana-related businesses across the city as of April 20, 2015



In 2001 the Federal government allowed possession and production of marijuana for medical purposes provided that several conditions were met:

- The patient is required to have a doctor's prescription ([not really - an authorization to possess under the Marihuana Medical Access Regulations \(MMAR\) and a medical document under the Marihuana for Medical Purposes, Regulations \(MMPR\), both considered to an 'equivalent to a prescription' in the cases at the moment \(see CRA v Hedges in the Tax Court of Canada, on appeal to the Federal Court of Appeal. The Narcotic Control Regulations continue to operate and although, now amended by the MMPR limiting authorizations to patients to dried marijuana, provide another alternative to authorizing a patient's possession. This was the original basis for any authorization from a Doctor for the BC Compassion Club Society in its origins and something from a doctor continues to be required.](#))
- The patient is required to procure the marijuana from an authorised source.
- Three sources of supply were allowed:
  - I. Health Canada [no longer available and the producer has become a licensed producer under a different corporate name under the MMPR.](#)
  - II. personal growing [\(still allowed for those who had a valid personal production or designate a license under the MMAR on September 30, 2013, or](#)
  - III. designated grower [\(as above under II.\)](#)

Between 2001 and 2014 the number of approved patients grew from 100 to nearly 40,000.

In 2013 the Federal government amended the rules to restrict the suppliers of medical marijuana (i.e. they discontinued the previous accommodation of growing at home or by a designate). This provision was challenged in Court and subsequently stayed pending further Court consideration. [The Allard case trial is now concluded, including a motion to vary the injunction to catch those who fell between the cracks, \(to allow for changes in production sites which may benefit Municipalities or local governments in terms of moving them to correct zoning, requiring Health Canada to maintain its database for purposes of police enforcement of the law and the protection of patients exempt by the law, including notations of changes in sites and section 53 exemptions and eliminating the 150 g possession limitation imposed by Manson J. on MMAR patients\) and that decision and the final decision on the trial is now in the hands of Mr. Justice Phelan in the Federal Court Trial Division. The decision of the Supreme Court of Canada in R v. Smith, heard March 20, 2015 is also pending and will be of significance as a decision of the highest court in the land for the first time on the medical marijuana question and will have to address certain basic constitutional questions under section 7 and section 1 of the Charter of Rights and Freedoms in its decision with respect to the constitutionality or otherwise of the limitation to "dried marijuana" precluding extracts. The Allard case relates to the ability of medically approved patients to produce for themselves or have a caregiver do so and is therefore of no application to the dispensary situation. It is speculated that patients to are either new or decided no longer to produce for themselves or have a caregiver do so for them tried the new license producer model, found it wanting and turned to the dispensaries as their source of supply, where they could examine the product and hear the testimonials of others with respect to particular treatments or conditions. The US market, the primary market for illicit growers has collapsed and it is speculated that they now produce for dispensaries along with some abuse from licensed medical producers on the MMAR.](#) It is in this context that there has been a rapid growth in the establishment of new marijuana-related businesses in

the city.

### *Strategic Analysis*

The number of marijuana-related business suggests a significant demand for marijuana-related services in numerous areas of the city. This may be due to various studies that have found that marijuana provides health benefits including relief from chronic pain<sup>1,2</sup>, mitigation of antiretroviral therapy-related nausea<sup>3</sup>, benefits to those suffering from multiple sclerosis<sup>4</sup>, and to control symptoms of bipolar disorder and Attention Deficit Hyperactivity Disorder<sup>5</sup>. Some studies also attest to the efficacy of marijuana as a form of harm reduction:

- i. as a substitute for more harmful drugs (e.g. alcohol, tobacco, prescription opiates and some illegal drugs such as heroin or cocaine)<sup>6,7</sup>;
- ii. as a means to reduce the rates of opioid overdose deaths and opioid-related morbidity<sup>8</sup>;

<sup>1</sup> Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. CMAJ October 5, 2010 vol. 182 no. 14. First published August 30, 2010, doi: 10.1503/cmaj.091414.

<sup>2</sup> Treatments for Chronic Pain in Persons With Spinal Cord Injury: A Survey Study. J Spinal Cord Med. 2006;29:109-117.

<sup>3</sup> Marijuana Use and Its Association With Adherence to Antiretroviral Therapy Among HIV-Infected Persons With Moderate to Severe Nausea. Journal of Acquired Immune Deficiency Syndromes: 1 January 2005 - Volume 38 - Issue 1 - pp 43-46.

<sup>4</sup> Delta-9-THC in the Treatment of Spasticity Associated with Multiple Sclerosis. Advances in Alcohol & Substance Abuse, Volume 7, Issue 1, 1988.

<sup>5</sup> Cannabinoids in Bipolar Affective Disorder: A Review and Discussion of their Therapeutic Potential. J Psychopharmacol. 2005 May;19(3) <http://www.ncbi.nlm.nih.gov/pubmed/15888515?dopt=Abstract&holding=f1000.f1000m.isrcn>

<sup>6</sup> Cannabis as a Substitute for Alcohol and Other Drugs. Harm Reduction Journal 2009, 6:35 <http://www.harmreductionjournal.com/content/6/1/35>

<sup>7</sup> Concurrent Cannabis Use During Treatment for Comorbid ADHD and Cocaine Dependence: Effects on Outcome. Am J Drug Alcohol Abuse. 2006;32(4)

<sup>8</sup> Cannabis in Palliative Medicine: Improving Care and Reducing Opioid-Related Morbidity. American Journal of Hospice and Palliative Medicine, 2011, 28 <http://ajh.sagepub.com/>



- iii. to relieve withdrawal symptoms during detox and to increase retention rates during treatment<sup>9 10</sup>.

Marijuana-related uses have also generated some concerns:

1. Studies on marijuana use have linked its use to health harms such as impairment of memory (in adolescents) and psychomotor performance; schizophrenia; cancer of mouth, jaw, tongue and lung (in younger people); fetotoxicity; and leukemia in children<sup>11 12</sup>.
2. The VPD has expressed concern about crime in, or targeted at, marijuana-related uses in Vancouver. [\(The regulation of this business is likely to reduce crime bringing it up from the underground, where violence is the only method for enforcement of dispute resolution. Making the product available by virtually flooding the market takes away the profit of organized crime and it is no longer worthwhile trying to rob such a facility if you can't get rid of the product. The US market has collapsed and is not available. The provision of adequate security coding video related surveillance should be sufficient to address this risk, which should abate over time.](#)
3. The rapid growth in marijuana-related businesses over the past two years has also generated some community feedback. The City has received some citizen feedback in support of a permissive approach, but also concerns. The majority of concerns are related to the impact on youth [\(these are mostly overblown and care should be taken not to drive any concerns underground keep them open and transparent, and as objective as possible\)](#), with other areas of concern including criminality [\(see above comments\)](#), declining area character- [\(the school moved into the area where the BC Compassion Club Society is located after the club was well-established and there is no evidence of any problems and they have a mutual respect for each other.\)](#) and lack of fairness in the regulatory framework for marijuana-related businesses in contrast to other licensed retail businesses [\(fairness would require the City to apply the doctrine of 'non- conforming use' to such establishments as the BC Compassion Club Society that has endeavoured to be licensed and to comply with all local by laws for approximately 18 years with the knowledge and consent of the City\).](#)

Over this period of growth, the City has taken an interdisciplinary approach to monitoring and intervention involving:

- Vancouver Police Department
- Vancouver Fire and Rescue Services
- Property Use Inspectors
- Vancouver Coastal Health Authority's public and environmental health officers
- Legal Services branch

The City's approach has been to prioritise enforcement action against life safety violations and zoning non-compliance; concerns about sale of edible products are referred to the Health Authority, and concerns about criminality are referred to the Police (who have conducted several enforcement projects). Issues such as non-life threatening work without permit, or lack of a business licence, have been assigned a lower enforcement priority and the City has been working with businesses to push them to comply with the appropriate bylaws.

In developing the regulatory framework, it is clear that the City has no authority to regulate the sale of marijuana, but has clear jurisdiction in the area of running a business and appropriate land use decisions. In considering an appropriate approach, we have built on best practice from other jurisdictions and endeavoured to achieve a

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<sup>9</sup> Cannabis as a Substitute for Alcohol and Other Drugs: A Dispensary-based Survey of Substitution Effect in Canadian Medical Cannabis Patients. *Addiction Research and Theory* 2013, Vol. 21, No. 5

<sup>10</sup> Intermittent Marijuana Use is Associated with Improved Retention in Naltrexone Treatment for Opiate-dependence. *Am J Addict.* 2009 Jul-Aug;18(4)

<sup>11</sup> The human toxicity of marijuana. *The Medical Journal of Australia* [1992, 156(7):495-497].

<sup>12</sup> Marijuana use and risk of lung cancer: a 40-year cohort study. *Cancer Causes & Control.* October 2013, Volume 24, Issue 10, pp 1811-1820

Careful balance between ensuring adequate availability for those in need and ensuring community health, safety, security, aesthetics, equity and enjoyment of property.

**Research and Consideration**

A review was commenced with key stakeholders at the Vancouver School Board (staff), Vancouver Coastal Health and Vancouver Police Department. These stakeholders have advised the City to take a cautious approach toward marijuana-related business in order to protect youth and other vulnerable people. Analysis of best practices has been conducted in two key jurisdictions where marijuana is currently being sold legally. Listed below are key areas of regulation which are being implemented in Washington State and Colorado:

Best Practice	Washington State/Seattle	Colorado State/Denver & Boulder
Require criminal record check	✓	✓
Define allowed zoning districts	✓	✓
Minimum distancing from sensitive uses	✓	✓
Ban on co-location	✓	
Ban in downtown transit mall		✓
Declustering requirements		✓
Ban minors (18 or under)	✓	✓
Limited operating hours	✓	✓
Disallow sampling	✓	
Require security features	✓	✓
Cap on total number	✓	
Limit number of licences per person	✓	
Require liability insurance	✓	

Note: for further details on these best practices, see Appendix A.

Based on the research, as well as an assessment of current City practices for similar, potentially-impactful land uses (e.g. massage services, liquor retailers, methadone pharmacies), key principles for the City’s approach to this issue have been prepared:

- A. Regulate marijuana-related businesses to reduce risks and impacts in the following areas:
  - Youth exposure
  - Serious crime (organized crime, property crime)
  - Health and safety risks
  - Nuisance
  - Aesthetics and impact on local economy (clusters of marijuana-related business, unkempt shopfronts)
  - Protection of job-producing industrial sites

## B. Treat all businesses consistently and fairly

The recommended process and regulations are based on these principles.

### *Recommended Regulations*

The City has a range of regulatory tools at its disposal:

- a. Building By-law and Fire By-law to protect life safety
- b. Zoning and Development By-law to regulate land use and location
- c. The Licence By-law to regulate the manner in which businesses may operate, and how many may be allowed
- d. Health By-law to regulate where people may smoke (or vapourize)

The recommended regulations will use these regulatory powers to protect and enhance the public interest. Subsequent sections describe the proposed regulations, while Appendices B through G set out the by-law amendments required to implement them.

Note: given the significant number of existing, and non-compliant, marijuana-related uses, an implementation process has been prepared and is discussed later in this report.

#### 1. Permitting Process - Zoning and Development By-law and License By-law

A new conditional land use (Zoning and Development By-law) and business category (License By-law) will be created: Retail Dealer - Medical Marijuana-Related Use (hereafter "Marijuana-Related Use"). Proponents wishing to conduct such a business will be allowed to do so, provided that they first apply for, and obtain:

- a) Development Permit (time-limited and renewable annually, as is typical for higher-risk uses), including a standard community notification process (i.e. sign, letters to immediate area) plus notification to any school located in the vicinity<sup>13</sup>. Development Permits would be approved by the Director of Planning unless he sees fit to refer the application to the Development Permit Board
- b) Building Permit for any construction work to be done
- c) Business Licence which will require:
  - a. standard application information (i.e. names, contact information)
  - b. annual **Police Information Check** (see other comments with respect to the broad implications of this requirement, as compared to a "criminal record check" and the prejudicial consequences non-convictions.) for the applicant and all employees
  - c. a fee of \$30,000 per year (based on cost recovery for regulation) (this is an outrageous amount in comparison to all other license fees charged by the city having for such large operations as the PNE and is clearly intended to act as a deterrent as opposed to being based on "cost recovery". Details of the latter should be provided so that one can fairly respond to this unreasonable condition.
  - d. a Good Neighbour Agreement

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#### 2. Land Use and Distancing Regulations

A Marijuana-Related Use would be allowed to establish in any commercial-retail district (i.e. C-1, C-2, C-2B, C-2C, C-2C1, C-3A, C-5, C-5A, C-6, C-7, C-8, Downtown District ODP, Downtown Eastside Oppenheimer District ODP, FC-1, HA-1, HA-1A, HA-2,

HA-3) provided that the site is not:

- within 300 metres of a school or community centre; (there should be exceptions based on the principle of “nonconforming uses” that have existed for a significant period of time and sought licensing from the city. They were known nonconforming uses “ in fact,” and the city should be estopped from treating them otherwise, other than encouraging them to try and bring their facilities into compliance with the new regulations, within reason, after all these years.

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<sup>13</sup> According to their policy “Incompatible Land Uses Near Schools” the Vancouver School Board has requested that the City notify them of proposed land uses which may pose a risk to students.

- within 300 metres of another Marijuana-Related Use; (what happened to nonconforming uses and should this be resolved, depending upon the individual circumstances and whether there is a problem arising or otherwise in a first-come, first-served basis?)
- located in the Downtown Eastside other than on sites located on Hastings Street or Main Street; why?
- located in the Granville Entertainment District; or why?
- located on a minor street(defined as any street that does not contain a painted center line).

See Appendix H for a map of all affected zoning districts.

The City will also take into consideration whether a Marijuana-Related Use is located within 300 metres of a youth-serving facility, and if so will evaluate the appropriateness of that based on a number of considerations including: the proximity to the facility, the facility’s function (e.g. whether at-risk youth are present), the hours of the facility, input from the operators of the youth programs and any other relevant criteria (see Appendix I for proposed Guidelines).

The above location and distance criteria reflect benchmarks from other jurisdictions, advice from the Vancouver School Board, staff evaluation of sensitive locations (e.g. Downtown Eastside, Granville Entertainment district), and good planning practice (i.e. commercial uses in commercial districts, minimizing economic impact on area character).

Both Colorado and Washington State require a 300 meter buffer between a marijuana store and sensitive uses; Colorado also requires a 300 meter separation between the retail outlets. In addition Washington State sets a cap (based on location and a per capita formula) for retail outlets which are in addition to the distancing from sensitive uses criteria: at three to five outlets per 100,000 people. With our recommended distancing from sensitive uses and between outlets in retail commercial zones as noted above, the natural capacity available will align reasonably well with the per capita ratio in Colorado (15 outlets/100,000 population). Vancouver would be allowing significantly more outlets than Seattle.

### 3. Operational Regulations

Once a Marijuana-Related Use finds a suitable location (as noted above), the proponent will need to ensure that the business meets operational regulations as described in Table 1, below:

Table 1

Rationale	Business Licence Regulation
Protect Youth	Disallow minors from entering or working in the Marijuana-Related Use, and post signage to this effect
	Prohibit displays of wares or advertising to minors
Prevent Crime (e.g. discourage gang involvement)	Require a <b>police information check</b> for the applicant and for all staff on an annual basis
	Limit of one Business Licence per person, and <b>disallow corporate ownership</b>
	<b>Prohibit transfers</b> of licences to another party

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Require that Business Licence applications must be made by the property owner or lease holder

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Rationale	Business Licence Regulation
	Disallow sharing of space with any other land use (e.g. cheque cashing, massage, liquor, ATM, etc.). <a href="#">Why?</a>
Prevent Crime	<p>Require use of a monitored security and fire alarm system, including video surveillance</p> <p>Require removal or storage of valuables in a safe when business is closed</p> <p>Require a security plan</p> <p>Require provision of a list all staff and 24/7 contact information for a responsible person</p> <p>Disallow staff from working alone</p> <p>Require a transparent shopfront (e.g. no translucent or opaque window covering, shutters) <a href="#">sometimes better not to be</a></p>
Safeguard Health	Disallow sale of food products with the exception of cooking oils (either pre-packaged or freshly-prepared). <a href="#">Why?</a>
Mitigate Nuisance	<p>Limit hours of operation between 8:00 am and 10:00 pm</p> <p>Require management of community impacts such as noise, odour, and patron conduct</p> <p>Disallow mail or delivery of products. <a href="#">Why?</a></p>
Support Aesthetics	security bars must be on the interior and set back from the window

Complete compliance with existing regulations and laws will continue to be expected, including but not limited to:

- a) Criminal Code<sup>14</sup>
- b) Health By-law (i.e. smoking rules)
- c) Building By-law
- d) Fire By-law
- e) Zoning and Development By-law
- f) Sign Bylaw
- g) License By-law

#### 4. Implementation Process

The implementation process requires careful consideration as these businesses constitute a sensitive use that is well-established without City approvals. The process which will be required of existing businesses will conform to the key principles:

- i. Public good (e.g. ensure safety, reduce community impacts)
- ii. Equity/fairness
- iii. Clarity and transparency
- iv. Simplicity
- v. Timeliness

<sup>14</sup>Although the City may not enforce the Criminal Code directly, the License Bylaw allows a process to suspend or revoke a Business Licence in the event that gross misconduct has taken place. Criminal Code violations would reasonably be considered gross misconduct.



a) Existing Marijuana-Related Uses

None of the businesses under the category of Marijuana-Related Uses has the requisite permits or licences to operate as proposed above. A significant challenge will be to ensure that all become compliant within a reasonable period of time. The process will resemble a series of sequential review stages, as follows.

Stage One: upon Council enactment of the regulations, all known businesses under the category of Marijuana-Related Uses will be notified and requested to **make application for a Development Permit within 30 days**. A robust notification approach will make use of the City's media contacts, social media outlets and direct mail to known businesses.

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Applications submitted on time will be processed; any who do not meet this deadline will be considered an illegal use subject to enforcement (see section on enforcement, below). Stage One applications will be evaluated solely to determine whether they comply with the Zoning regulations (e.g. commercial districts, distancing from sensitive uses). (And if not, but having existed for 18 years, to the knowledge and with the tacit approval of the city what then? Will the principle of nonconforming uses and issue estoppel be recognized by the city in the circumstances?)

Stage Two: all applicants that pass Stage One will undergo a special evaluative process that assigns demerit points as follows:

Evaluation Criteria for Each Cluster	Demerit Points
Is the business considered a problem premises by Vancouver Police Department?	-4
Does the premises contain work conducted without a Building Permit?	-3
Has the premises been the subject of complaints from more than one complainant in the community?	-2
Is the enterprise operated for profit (i.e. not a non-profit society)?	-1

Where clusters of Marijuana-Related Uses exist, the demerit tally will be considered. Within each cluster, the applicant with the highest points will be allowed to proceed to Stage Three using their current location. The other applicant will be required to close or relocate to a zoning-compliant site and reapply. In the case of a tie, a lottery will be used to determine the successful applicant.

Stage Three: applicants will be required to comply with all Building Bylaw and Licensing Bylaw regulations. Furthermore a community notification process will be conducted for the Development Permit (e.g. notification by site sign and letters about the opportunity to provide feedback).

If the applicant complies with all regulations, a time-limited Development Permit and Building Permit (if necessary) may be issued, and once the City has determined by inspection that all regulations have been met and the licence fee paid, a Business Licence may be issued.

During all three stages of the application process, if a Marijuana-Related Use chooses to continue operating, it will be expected to meet basic health and life safety standards; inspectors will conduct a Special Inspection to ensure this standard is met,

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and take immediate enforcement action against any unsafe conditions on a priority basis.

After final approval, follow-up inspections will be regularly conducted to ensure ongoing compliance. Complaints about approved Marijuana-Related Uses will be treated on a priority basis.

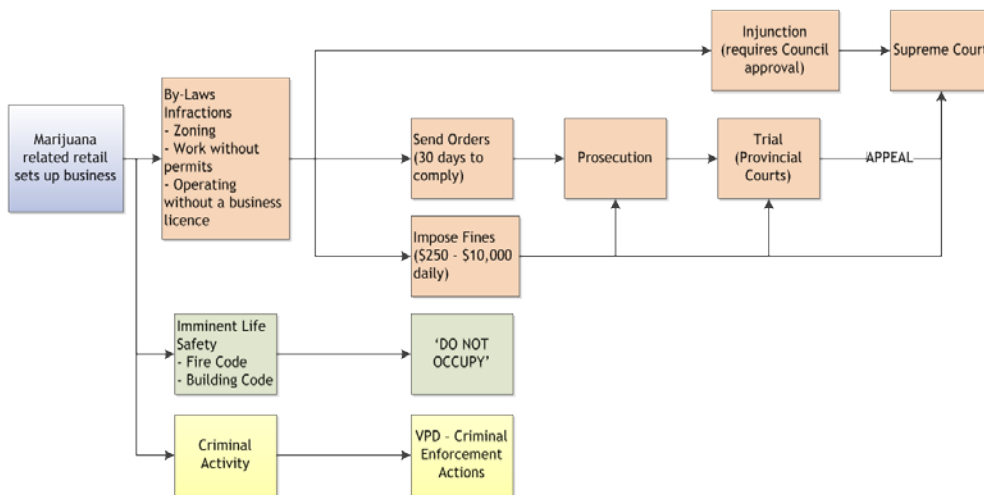
b) New Marijuana-Related Uses

Initially the City's emphasis will be on addressing the existing businesses under the category of Marijuana-Related Uses. In order to allow for processing these applications, once the Stage One process has closed, the City will not support any applications for new Marijuana-Related Uses. However, once the process for existing applications is complete, applications for new Marijuana-Related Uses will be processed. The review process will mimic the three stage process for existing Marijuana-Related Uses: first, determine compliance with land use and distancing regulations, and then the operational regulations.

c) Enforcement Against Non-compliance

Marijuana-Related Uses that open without permit will be subject to enforcement action. Those that fail to meet the City's deadlines (e.g. application deadlines, closure upon request), or do not meet the regulations (i.e. locational or operational) or Good Neighbour Agreement will be the subject of enforcement measures. The City uses ticketing with fines, denial of Development Permit renewal, Business Licence suspension/revocation, Orders, prosecution and finally injunctions and resulting court action to enforce its bylaws against non-compliance (see enforcement process in Figure 3).

Figure 3



#### d) Monitoring

Following the implementation of the regulatory framework, and processing of existing businesses, ongoing monitoring and examination of key metrics (number of Marijuana-Related Uses, compliance rates, complaints) for Marijuana-Related Uses will be conducted.

#### *Stakeholder Communication*

Prior to preparation of the proposed policy, representatives from the VPD, Vancouver School Board, Vancouver Coastal Health, business improvement areas and several key stakeholders in the industry were consulted. Furthermore, notification for the upcoming public hearing will be made broadly: notice will be printed in the newspapers, letters will be sent to known existing businesses and societies, and our partners at the school board and health region will be invited to participate. The staff will continue to work with the sector over the coming weeks to ensure an understanding of the regulatory framework prior to enactment and implementation.

#### *Financial*

Applicants will pay a flat rate preliminary Development Permit fee, plus the standard area-based fee. As well, an annual Business Licence fee of \$30,000 must be paid. [\(See comments above\)](#)

Revenues 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.

#### *Human Resources/Labour Relations*

There will be a considerable additional workload to process Business Licence applications, development permit applications, inspection of construction work and compliance with bylaws through an inspection schedule by bylaw enforcement and police monitoring. Staff will work with the City Manager to develop a human resourcing plan to manage the workload. Departments impacted by this new regulatory framework include: Planning and Development Services, Licences and Inspections, Legal Services, Vancouver Fire and Rescue Services and Vancouver Police Department.

### CONCLUSION

The rapid growth of marijuana-related businesses over the last few years presents a significant problem for the City. Continuing to have a proliferation of unregulated businesses poses a **significant risk to youth, public health and general quality of life as well as an impact on the local economy and health of our community. (No details are provided)** If, however, they are carefully managed and regulated, these businesses can play a role in ameliorating health conditions that affect numerous people. Accordingly, a carefully- balanced and transparent approach is recommended to regulating the location and operations of businesses that are related to the consumption of marijuana.

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Best Practice	Location
Require criminal record check	<p>Washington requires for applicant and financiers</p> <p>Colorado requires for applicant</p>
Define allowed zoning districts	<p>Seattle and Denver allow in retail zones only (not residential or historic districts)</p> <p>Vancouver allows small scale pharmacies, liquor retail, pawn shops and liquor primaries in commercial zones only</p>
Minimum distancing from sensitive uses	<p>Washington State requires 1,000 ft. (300 m) from school, playground, recreation center, child care, public park, public transit center, library, or game arcade</p> <p>Colorado requires 1,000 ft. (300 m) from school, pre-school, child care establishment, medical marijuana center, or alcohol or drug treatment facilities.</p> <p>Amsterdam requires 250 m between a school (for marijuana cafes)</p> <p>City of Vancouver requires 150 m between liquor retail and a church, park, school, community centre, or neighbourhood house.</p>
Ban on co-location	<p>Seattle disallows co-location with another business</p>
Ban in downtown transit mall	<p>Denver, CO</p>
Declustering requirements	<p>Colorado requires minimum of 1,000 ft. (300 m) between retail marijuana stores</p> <p>City of Vancouver requires minimum distancing between small scale pharmacies selling methadone (400 m), liquor retail (variable), pawn shops (300 m) and liquor primaries (varies based on size)</p>
Ban minors	<p>Washington State and Colorado ban minors from working or entering the premises. Amsterdam bans sales to minors</p> <p>Vancouver bans minors from working in health enhancement centres and pawn shops</p>
Limit operating hours	<p>Seattle allows 8 am to midnight</p> <p>Denver allows 8 am to 7 pm</p> <p>Vancouver allows 6 am to 2 am (following day) for certain uses (i.e. pawn shops, small scale pharmacies) in Downtown Eastside, and 8 am to midnight for health enhancement centres.</p>

Disallow sampling	Washington bans practice
Require security features	Washington requires an alarm and surveillance video Colorado requires the same, plus monitored security
Cap on total number	Washington State
Limit number of licences per person	Washington limits to three
Require liability insurance	Washington require commercial liability insurance

Appendix B: Zoning and Development By-law Amendments

Note: An amending by-law will be prepared generally in accordance with the provisions listed below, subject to change and refinement prior to posting.

Amendments to  
Zoning & Development By-law regulations  
Regarding Medical Marijuana-related Use

Draft for Public Hearing

BY-LAW NO. \_\_\_\_\_

A By-law to amend  
Zoning and Development By-law No. 3575  
Regarding Medical Marijuana -related Use

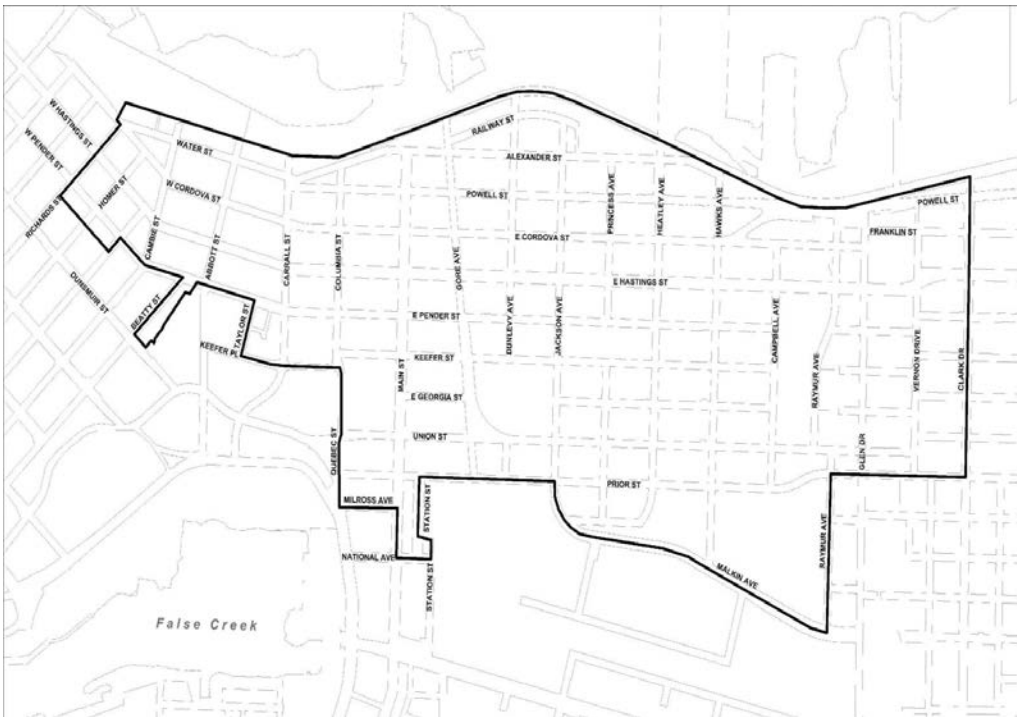
THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

Zoning District Plan Amendment

1. This By-law amends the indicated provisions of By-law No. 3575.
2. In section 2, under "Retail Uses", Council adds:  
  
" **Medical Marijuana-related Use**", means a retail use in which the use of marijuana for medicinal purposes is advocated."
3. In section 11, Council adds:  
  
" **11.28 Medical Marijuana-related Use**  
  
11.28.1 Before granting a development permit, the Director of Planning shall:  
  - (a) notify surrounding property owners and residents and have regard to their opinions;
  - (b) have regard to the liveability of neighbouring residents; and
  - (c) consider all applicable council policies and guidelines.  
11.28.2 A Medical Marijuana-related Use is not permitted within 300 metres of the nearest property line of a site containing another Medical Marijuana-related Use.  
  
11.28.3 A Medical Marijuana-related Use is not permitted within 300 metres of the nearest property line of a site containing a school - elementary or school - secondary or a community centre or neighbourhood house.  
  
11.28.4 A Medical Marijuana-related Use is not permitted:

- (a) within the area outlined on Figure 1 below, except for sites with a property line on Hastings Street or Main Street;

**Figure 1**



- (b) on any site with a property line on Granville Street between Robson street and Pacific Boulevard; or
- (c) on any site other than a site with a property line on a street with a painted center line, except that the painted center line must be in the same block as the site.

11.28.5 A Medical Marijuana-related Use is not permitted in conjunction with any other use.



11.28.6 A Medical Marijuana-related Use is not permitted in conjunction with an Automated Teller Machine (ATM) use.”

4. In the C-1 District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

5. In the C-2 District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

6. In the C-2B District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

7. In the C-2C District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

8. In the C-2C1 District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

9. In the C-3A District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

10. In the C-5, C-5A and C-6 Districts Schedule, under section 3.2.1.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

11. In the C-7 and C-8 Districts Schedule, under section 3.2.1.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

12. In the FC-1 District Schedule, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

13. In the HA-1 and HA-1A Districts Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

14. In the HA-2 District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

15. In the HA-3 District Schedule, under section 3.2.R, Council adds, in alphabetical order:

“

- Medical Marijuana-related Use, subject to the provisions of section 11.28 of this By-law.”

16. A decision by a court that any part of this By-law is illegal, void, or unenforceable severs that part from this By-law, and is not to affect the balance of this By-law.

17. This By-law is to come into force and take effect on the date of its enactment.

ENACTED by Council this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

Appendix C: Downtown District OPD Amendments

Downtown Official Development Plan  
Re: Medical marijuana-related use

Draft for Public Hearing

BY-LAW NO. \_\_\_\_\_

A By-law to amend Downtown  
Official Development Plan By-law No. 4912

THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

1. This By-law amends the indicated provisions of the Downtown Official Development Plan By-law.
2. Under Definitions, Council strikes out the definition of “Retail commercial” and substitutes:  

“Retail commercial” means Retail Use, retail type service activity, or restaurant (excluding a drive-in)..
3. In Section 1-Land Use, in chronological order, Council adds:  

“17. Medical marijuana-related use is subject to the provisions of section 11.28 of the Zoning & Development By-law.”
4. A decision by a court that any part of this By-law is illegal, void, or unenforceable severs that part from this By-law, and is not to affect the balance of this By-law.
5. This By-law is to come into force and take effect on the date of its enactment.

ENACTED by Council this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

Appendix D: Downtown Eastside Oppenheimer District ODP Amendments

Downtown Eastside Oppenheimer  
Official Development Plan  
Re: Medical marijuana-related use

Draft for Public Hearing

BY-LAW NO. \_\_\_\_\_

A By-law to amend Downtown  
Eastside Oppenheimer Official Development Plan By-law No. 5532 regarding medical  
marijuana-related use

THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

6. This By-law amends the indicated provisions of the Downtown Eastside Oppenheimer Official Development Plan By-law.
7. In section 4.2, Council:
  - (a) renames subsection (j) as (k); and
  - (b) after subsection (i), adds:  
“(j) Medical Marijuana-related Use, subject to section 11.28 of the Zoning and Development By-law.”
8. A decision by a court that any part of this By-law is illegal, void, or unenforceable severs that part from this By-law, and is not to affect the balance of this By-law.
9. This By-law is to come into force and take effect on the date of its enactment.

ENACTED by Council this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

Appendix E: License By-law Amendments

BY-LAW NO. \_\_\_\_\_

A By-law to amend License By-law No. 4450  
regarding Retail Dealer - Medical Marijuana-related

THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

1. This By-law amends the indicated provisions of the License By-law.
  2. In Section 2, in alphabetical order, Council adds:  
  
"Retail Dealer - Medical Marijuana-related" means any person not otherwise herein defined who carries on a retail business in which the use of marijuana for medicinal purposes is advocated."
  3. After Section 24.4, Council adds:  
  
"RETAIL DEALER - MEDICAL MARIJUANA-RELATED
- 24.5 (1) The provisions of this section apply to all persons carrying on business as a Retail Dealer - Medical Marijuana-related. [OK](#)
- (2) No person shall carry on business as a Retail Dealer - Medical Marijuana-related, without having first obtained a licence to do so from the Chief Licence Inspector. [Also OK](#)
- (3) No corporation shall carry on the business of a Retail Dealer - Medical Marijuana-related, except that a society registered under the Society Act may carry on the business of a Retail Dealer - Medical Marijuana-related. [Many of the existing Compassion Clubs or Dispensaries, at least those that are part of the Canadian Association of Medical Dispensaries \(CAMCD\) are nonprofit societies under the BC Societies Act. The reason for excluding corporations is not understood. The distribution of medicine is carried out by many corporations that are not nonprofit societies. Ideally, the "licensed producers" under the MMPR should in the future, be able to wholly-own or have their own retail outlets like dispensaries instead of the mail only shipping method, which would not be allowed under this Bylaw.](#)
- (4) No person shall hold more than one licence as a Retail Dealer - Medical Marijuana-related. [What is the reason for this limitation? Does this preclude the person with one license from having numerous locations? Please explain.](#)
- (5) No person shall hold a licence as a Retail Dealer - Medical Marijuana-related unless the person is the registered owner or lessee of the licensed premises. [OK](#)
- (6) A person who has been granted a license as a Retail Dealer - Medical Marijuana-related must not transfer, or transfer control of that license

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to another person. What happened upon the sale of such a business? Surely the vendor or should be able to transfer the license to the new purchaser, subject of course to regulatory approval and consent. Should this not read that this should not happen without the consent or approval of the Chief License Inspector?

- (7) Notwithstanding the provisions of Section 4(1) of this By-law, a person who applies for a Licence to carry on business as a Retail Dealer - Medical Marijuana-related, shall submit, together with an application in

a form acceptable to the Chief Licence Inspector and the requisite fees, the following documents:

- (a) a security plan acceptable to the Chief Licence Inspector;
  - (b) contact information for a responsible person or persons available to be contacted at any time;
  - (c) a list of the names of all staff, together with a copy of photo identification for each staff member;
  - (d) a **police information check** (a criminal record check is perhaps understandable, but should not necessarily preclude the granting of a license and should depend on the circumstances. A "police information cheque" permits the search of police extensive databases that record every possible contact one might have with the police, including being a passenger in a vehicle in which somebody else may be possessed marihuana. Applicants should not be prejudiced by "non-convictions" and even in the case of convictions the individual circumstances should be examined to determine the Licensees applicant, suitability or otherwise.) for the applicant and for every employee;
  - (e) proof of a security alarm contract providing for monitoring at all times;
  - (f) the certificate of title or the lease for the business premises; and
  - (g) such other documents as may be required by the Chief Licence Inspector.
- (8) Notwithstanding the provisions of Section 4 of this By-law, the Chief Licence Inspector may issue a Retail Dealer - Medical Marijuana-related business licence subject to conditions, including:
- (a) conditions related to safety and security on and about the licenced premises;
  - (b) conditions requiring that the applicant submit consents to **police information checks** (see above criticisms of this requirement) for the applicant and every employee;
  - (c) conditions requiring that a minimum of two employees be present on the business premises at all times while the business is open to the public;
  - (d) conditions requiring that the applicant promptly bring to the attention of the Chief Licence Inspector any criminal charges brought against the licence holder or any employees of the licenced business;
  - (e) conditions related to the protection of minors, including but not limited to conditions regarding signage and patron identification;
  - (f) conditions related to public health and safety in relation to the licenced premises; (more details are required to be able to understand and address this limitation)
  - (g) conditions related to prevention of nuisances, including but not

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limited to conditions intended to reduce noise, odours, and patron misconduct on and about the licenced premises; and

- (h) such other conditions as the Chief Licence Inspector may require to ensure that the business does not have a negative impact on the public, the neighbourhood or other businesses in the vicinity. [\(Generally supportive, but more details required\)](#)



- (9) No person shall permit, suffer or allow a person to work in a Retail Dealer - Medical Marijuana-related business without having first submitted a police information check ( see above criticisms of this condition) for that employee to the Chief Licence Inspector.
- (10) No person shall carry on any business other than Retail Dealer - Medical Marijuana-related on the business premises. Why can't there be other related businesses as long as they are licensed and approved?
- (11) No person shall permit, suffer or allow, or facilitate the mailing or delivery of any produce or products from a business premise that is licensed as Retail Dealer - Medical Marijuana-related. What is the rationale for this requirement? The MMPR requires this as the only means of shipping the product.
- (12) No person shall sell food on the business premises of a Retail Dealer - Medical Marijuana-related, except that this provision does not apply to the sale of edible oils in sealed containers. Why can't the dispensaries sell other edibles, especially if they have been doing so for now, some 18 years without any adverse event? As long as the club/dispensary does not allow easy access to such products by young people and is required to advise people who purchase same that it will take several hours to have effect and will become 3 to 4 times stronger after metastasizing to the liver, so that they should be cautious, but that it is otherwise a good method of administration for chronic pain and ailments of that nature as it spreads throughout the body and last longer and avoids the inhalation by way of smoking that damages the large airways. In Israel, they are allowing such edibles for young people only to avoid the smoking aspect. The sale of edibles can be more strictly regulated, but should not be prohibited.
- (13) No person shall permit, suffer or allow a minor to enter or remain on the business premises of a Retail Dealer - Medical Marijuana-related.
- (14) No person shall directly or indirectly advertise or promote the use of marijuana to a minor, in or from the business premises of a Retail Dealer - Medical Marijuana-related.
- (15) No person shall display items related to the consumption of marijuana in any manner by which the display may reasonably be seen by a minor who is outside the business premises of a Retail Dealer - Medical Marijuana-related.
- (16) No person shall advertise or promote the use of marijuana in any manner by which the advertising or promotion may reasonably be seen or heard by a minor who is outside the business premises of a Retail Dealer - Medical Marijuana-related.
- (17) No person shall carry on the business of a Retail Dealer - Medical Marijuana-related between the hours of 10 p.m. and 8 a.m. the following day.
- (18) No person shall block the windows of the business premises of a Retail Dealer - Medical Marijuana-related with translucent or opaque material,

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artwork, posters, shelving, display cases or similar elements. [In some cases it may be advisable to use such in order to remain undetected by children or young people or less easily detected.](#)

- (19) No person shall install, or permit, suffer or allow the installation of an ATM (Automated teller machine) on the business premises of a Retail Dealer - Medical Marijuana-related. [What is the reason for this limitation?](#)
- (20) No person shall install security bars that are located within one meter of the front windows of the business premises of a Retail Dealer - Medical Marijuana-related.

(21) No person shall install roll down shutters on the business premises of a Retail Dealer - Medical Marijuana-related. [What is the reason for this?](#)

(22) The following security measures shall be installed and maintained on the business premises of a Retail Dealer - Medical Marijuana-related:

- (a) video surveillance cameras that monitor all entrances and exits and the interior of the business premises at all times;
- (b) video camera data shall be retained for at least 21 days after it is gathered;
- (c) a security and fire alarm system that is monitored at all times; and
- (d) valuables shall be removed from the business premises or locked in a safe on the business premises at all times when the business is not in operation."

4. Council renumbers sections 30(2), (3) and (4) as sections 30(3), (4) and (5) respectively and inserts, in chronological order:

"(2) Every person who fails to comply with a condition of a business licence commits an offence against this by-law that is punishable on conviction by a fine of not less than \$250.00 and not more than \$10,000.00 for each offence."

5. To Schedule A, in alphabetical order, Council adds:

"RETAIL DEALER - MEDICAL MARIJUANA -RELATED.....\$30,000.00"

6. A decision by a court that any part of this By-law is illegal, void, or unenforceable severs that part from this By-law, and is not to affect the balance of this By-law.

7. This By-law is to come into force and take effect on the date of its enactment.

ENACTED by Council this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk



Appendix G: Zoning and Development Fees By-law

BY-LAW NO. \_\_\_\_\_

A By-law to amend  
Zoning and Development Fee By-law No. 5585  
regarding medical marijuana-related use

THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

1. Council, in Schedule 1 of the Zoning and Development Fee By-law adds:

**“Medical marijuana-related use**

- 21 For an application for a development permit for a medical marijuana-related use:
- (a) in a preliminary form only..... \$100.00
  - (b) following preliminary approval:
    - Each 100 m<sup>2</sup> of gross floor area or part thereof..... \$713.00
    - Maximum fee..... \$5100.00”

2. A decision by a court that any part of this By-law is illegal, void, or unenforceable severs that part from this By-law, and is not to affect the balance of this By-law.

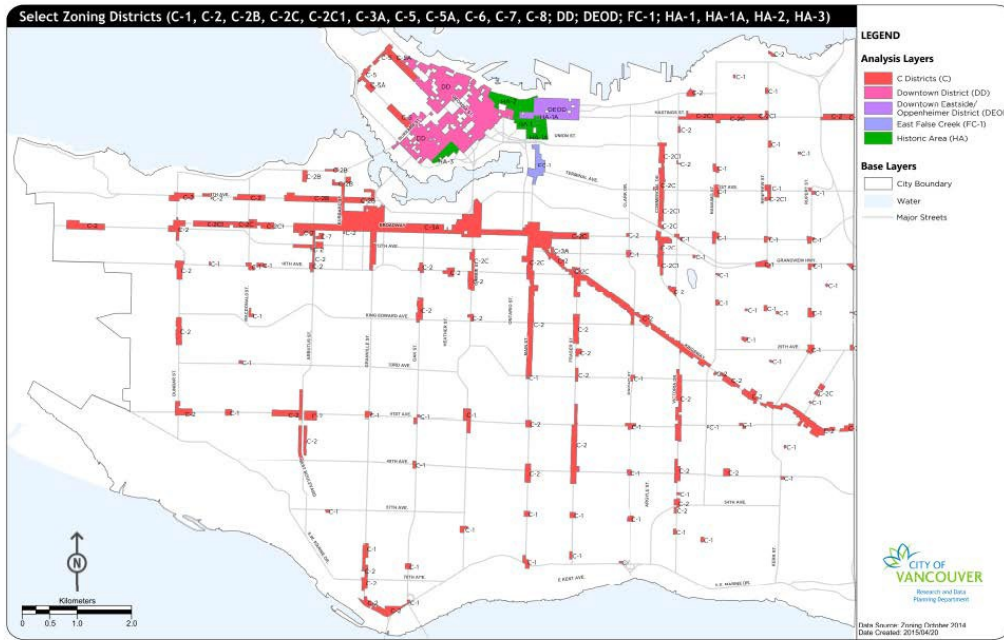
3. This By-law is to come into force and take effect on the date of enactment.

ENACTED by Council this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

Appendix H: Map of Affected Zoning Districts



## Appendix I: Guidelines for Retail Dealer - Medical Marijuana-related Uses near youth facilities

### Application and Intent

These guidelines are to be used in conjunction with any district that allows Retail Dealer - Medical Marijuana-Related Use. The primary intent of these Guidelines is to protect youth from the potential health and social risks posed by the proximity of a Retail Dealer - Medical Marijuana-Related Use. In the event that a Retail Dealer - Medical Marijuana-Related Use is deemed to pose a risk to youth at a youth facility, it is the intent of these Guidelines that the Retail Dealer - Medical Marijuana-Related Use should not be permitted.

*Note: These guidelines are organized under standard headings. As a consequence, there are gaps in the numbering sequence where no guidelines apply.*

### 3. Uses

#### 3.1 Retail Uses

(a) Retail Dealer - Medical Marijuana-Related Use should not locate within 300 metres of a youth facility unless, having given careful regard to:

- (i) the distance between the Retail Dealer - Medical Marijuana-Related Use and the youth facility;
- (ii) the role and function of the youth facility;
- (iii) the hours and days of operation of the youth facility; and,
- (iv) any other criteria deemed relevant to the protection of youth

the Director of Planning is of satisfied that youth related to the facility will not be adversely affected by the Retail Dealer - Medical Marijuana-Related Use.

For purposes of these Guidelines, a youth facility is defined as a facility where there is a regular assembly of youth in the opinion of the Director of Planning.

**Isfeld, Lori**

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**From:** Heather Cho s.22(1) Personal and Confidential  
**Sent:** Wednesday, June 10, 2015 10:48 AM  
**To:** Public Hearing  
**Subject:** marijuana access is indispensable

hi

I am alive today because of marijuana

Not only has it helped me continue to battle cancer it has also given me the mindset to keep fighting  
Unfortunately I am working during the hearing today but I believe that these dispensaries are very much needed especially since the method of distribution from Canada Health Services and quality of product is quite archaic. Without proper access to these stores I will be forced to deal with black market dealers since I refuse to use whatever Health Canada offers. The federal government needs understand that we will get our medicine any way possible no matter what the standing today so why not just regulate it and ensure that we can continue to be provided with our medicine.

A law that is unjust is no longer an avid excuse for a law. It is also illegal to give out food to the homeless without a permit or add change to an empty meter where a car is still parked. These are stupid laws as well. Yet many people break them and they should, it is the right thing to do. Understand this and we can all get along  
H



**Isfeld, Lori**

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**From:** Correspondence Group, City Clerk's Office  
**Sent:** Wednesday, June 10, 2015 11:23 AM  
**To:** Public Hearing  
**Subject:** FW: Speaker #5 Brina Levitt Speech

**From:** Green Penguin s.22(1) Personal and Confidential  
**Sent:** Wednesday, June 10, 2015 11:12 AM  
**To:** Correspondence Group, City Clerk's Office  
**Subject:** Speaker #5 Brina Levitt Speech

Patient Rights and the Protection of Youth

Hello. My name is Brina Levitt. I am here to argue that the edible ban recommended by Coastal Health is NOT feasible, nor is it safe for patients or the youth it pro ports to protect.

I would like to thank the Vancouver City Council for the opportunity to speak and I commend their initiative to regulate an industry the federal government has woefully fallen short to address.

I am both an edible producer and foremost I am a Patient who does not want to smoke as I value my lungs and health. I suffer from back pain and insomnia. My preferred method of medication is in Ready Made Edible form.

When one consumes an edible, the Onset of action can range from 15 min up to 2hrs, depending on the speed of one's metabolism. Metabolic rates and the ingredients mixed with medication play an important role on the Onset of action. Candies are convenient as they are easily portable and their onset of action is the quickest.

For long term effectiveness, an edible is far more effective because its plateau level can range from 6 – 8 hrs, making it the preferred method for managing symptoms like pain and sleep. Smoking has far shorter

plateau levels. In the same 8 hr period, a patient would have to smoke 3 - 4x's constantly going through this: (WAVE MOTION) and varying levels of excruciating pain.

Council, I'm sure that when you are sick, and all you want to do is sleep through the night, doesn't an 8 hr cough medicine sound better than one that lasts for 1- 3hrs?

By banning Premade Edibles and allowing dispensaries to ONLY sell edible medication in the form of concentrated cooking oils, Coastal Health is not taking into account 3 major concerns:

1) Patients inability to care for themselves in the form of cooking. When I'm sick I don't make myself soup. I go out, buy it, and I crawl back to bed to rest. Why should sick patients be expected to Prep, Cook, and Clean up for themselves? Many patients do not have access to full time or part time caregivers. In certain instances, that is a luxury they cannot afford.

2) Risks of Inexperienced patients overmedicating themselves by not understanding the quantity of cooking oil or concentrate measurements required to dose themselves accurately. Dosage is listed in mg per / ml. Most recipes are in Imperial. Patients will have to 1<sup>st</sup> convert from Metric to Imperial, then calculate the precise total amount needed to add to the recipe, and finally calculate the portions that will yield the allotted dosage. Keep in mind sick patients are working at a diminished mental and physical capacity.

3) Lastly by banning Premade Edibles, you are promoting the resurgence of street level distribution of unregulated, unrestricted, untested, and unsafe food products. An Edible ban will make the Candies VCH is trying to keep out of the hands of children readily available. Easily produced and light weight, make them attractive as they fit in perfectly under the 3kg trafficking law.

Medical Cannabis is available in many forms because one form does not work the same for every symptom. Patient's needs vary due to individual Genetic makeup. Patients should have EQUAL access to the same quality of life regardless of their ability. In the absence of safe and tested Edibles, certain patients will be forced to inhale or will look to street level distribution.

Coastal Health's proposal of an Edible ban is not Promoting Care and Ensuring Wellness to the Patients and Youth it wishes to protect. An Edible ban is a dangerous decision to make. It won't protect anyone especially not youth. Ready made Edibles provide an essential service to Patients who have become used to safe, reliable, tested and consistent sources of medication. Medicinal Cannabis has been moved off the streets and it resides in the Dispensaries where it belongs. Access is restricted; the last step to take is regulation.

I am also a member of the working group called the REEP Association. Responsible Edible and Extract Producers. We see the need for Regulation and have come up with many ideas. Here are a few:

- *Creating quality control and testing standards*
- *To produce and promote up to date educational material for patients.*
- *Define responsible packaging and labeling standards*
- *Create a WeedSafe Program (Much like FoodSafe)*

These are conceptual ideas. We are excited to move forward and work with VCH and the City for a better future.

I understand the concerns that Coastal Health has posed and the importance of protection of youth. What I do not understand is why an edible ban was the only viable solution presented to council in the interest of children? Washington and Colorado both have regulated Edibles and as uncomfortable as an overmedicated state can be, EDIBLES will not kill you.

What about opaque child resistant containers for medication in candy form? It's no different than taking home prescription medication.

I propose the following strategy. Edible Producers and Extract suppliers need to register with the city and obtain a permit to sell to Dispensaries ONLY. The permit would allow Coastal Health to inspect facilities and maintain Food Safety. All Food Safe rules currently in place would apply including Food Safe Certification requirements for all primary operators. Proper food packaging & responsible labeling of Edibles with the following: potency testing & mg indication, full ingredients, warnings, results, dosage charts, expiry dates, ect. I care about Public Health and my company has had All of the following in place

since the day we started our operations. I know I'm not alone. There are many other producers that also care and have the interest of public health at heart. Collectively, we provide a service to the public. Coastal Health if you take the self-initiative to direct us, with the support of REEP, Edible Companies and Extract Producers will comply.

I urgently implore Vancouver City Council to consider the gravity of banning edible medication. The Supreme Court should be rendering their decision on Thursday. Please wait for their decision. We have an opportunity to lead through self-regulation.

The other municipalities and provinces are looking at Vancouver. The Federal government is looking at Vancouver. The rest of the world is looking at Vancouver.

Lastly I would like to submit a Petition against the Proposed Edible ban with a total of \_\_\_\_\_ signatures.

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Cheers,

Brina & Andrew

**Green Penguin Delights Inc.**

5.22(1) Personal and Confidential

**Kazakoff, Laura**

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**From:** Correspondence Group, City Clerk's Office  
**Sent:** Wednesday, June 10, 2015 4:02 PM  
**To:** Public Hearing  
**Subject:** FW: Public Hearing - Medical Cannabis Dispensaries

**From:** Evil Dave s.22(1) Personal and Confidential  
**Sent:** Wednesday, June 10, 2015 3:54 PM  
**To:** Correspondence Group, City Clerk's Office  
**Subject:** Public Hearing - Medical Cannabis Dispensaries

Please join me in supporting Medical Cannabis Dispensaries in Vancouver.

With chronic health problems do to a congenital birth defect, I moved to Vancouver to be closer to regular specialist health services at Vancouver General Hospital where I am a regular patient.

I qualified and tried the Federal Government MMPR system, trying to be a legal medical cannabis consumer. I was very much much dissatisfied with my MMPR Licensed Provider, Canna-Farms with their cannabis overpriced \$2-\$5 per gram and delivery service that took over a week from payment.

Obviously my friendly neighborhood Cannabis Dispensaries are much better options.

I also find their proposed \$30,000 annual license fee is grossly unfair compared to other businesses. Especially when you compare cannabis to the social and real costs for businesses in the city that sell alcohol.

--

**David Winder**

s.22(1) Personal and Confidential