



The History & Use of Cannabis for Medicinal Purposes Position Statement – February 2010

History

During the 1990's the federal court system in Canada ruled that a person has a constitutional right to access cannabis for medical purposes without fear of criminal prosecution, and that a person has the freedom to make decisions that are of fundamental personal importance without interference from the state.(1)

As a response to the court's ruling Health Canada introduced the *Marihuana Medical Access Regulations (MMAR)* in 2001, which enables compassionate access to cannabis for people who are suffering from serious illnesses (including HIV/AIDS) and related symptoms.

However, access to the federal program remains hindered by barriers such as:

- a lack of awareness of the program's existence,
- mistrust in the government,
- misinformation about the program,
- inadequate information and services related to the program,
- difficulty in finding physicians to support MMAR applications,
- stigma and discrimination faced by medicinal cannabis users
- unrealistic government regulations and restrictions which create limited options available to those who do manage to navigate the system and obtain legal authorization (2)

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Those regulations and related restrictions imposed by Health Canada as mentioned above were found unconstitutional by the Federal Court of Canada in January 2008. The court found that these regulations did not allow a sufficient legal supply of medical cannabis, and thus forced many patients to purchase their medicine from unauthorized, black market sources. This was the eighth time in the previous ten years that the courts ruled against Health Canada's regulations restricting the supply of the medicine. Despite these findings Health Canada has yet to revisit the regulations and restrictions to make MMAR more accessible for the average Canadian. (3)

As a result thousands of seriously ill Canadians choose between breaking the law to use the therapy of their choice, or going without, which in many cases compromises their well-being and quality of life. This trend is also apparent at the local level. In 2005, 38% of HIV+ individuals who were accessing RHAC services indicated they use marijuana for medicinal reasons. Only 20% of these individuals belong to the federal cannabis program. Those who do not belong to the MMAR program indicated the following barriers:

- complicated and lengthy application forms, based on a high literacy level. (Health Canada reports that 75% of the applications they receive must be returned due to errors or incompleteness)
- a fixed address is required as individuals must order and obtain their supply of marijuana through the postal service if they are without a Health Canada approved grower

- whether through MMAR or through illegal means the cost is prohibitive
- unwillingness of family doctors in the area to fill out the physician's section of the MMAR application.
- Sixty percent of RHAC clients using medicinal marijuana obtain their supply from the local compassion centre, technically an illegal operation, which requires a letter from the individual's doctor, technically an illegal action. The remaining 20% of RHAC clients obtain their marijuana on the black market. (4)

The Regional HIV/AIDS Connection has drafted a position statement on the use of cannabis for medicinal use because seriously ill people, including those with HIV, have a constitutional right to use cannabis as part of their therapy, but often cannot exercise this right due to numerous barriers preventing legal access.

POSITION STATEMENT

The Regional HIV/AIDS Connection advocates:

- For HIV+ individuals to make informed choices, based on harm reduction principles, by having access to appropriate information and services related to the legal use of cannabis for medicinal purposes
- for Health Canada to reduce barriers to access of the federal medical cannabis program
- for HIV+ individuals to have the right to access a legal, safe, reliable and affordable source of cannabis
- for extensive clinical research, approved by Health Canada, to be conducted regarding the potential benefits and/or risks of long term use of cannabis by HIV+ individuals. This research must involve the greater community including but not limited to HIV+ individuals who use cannabis for medicinal purposes, compassion centers, and the Canadian Medical Association.

(1) Canadian AIDS Society. Cannabis as Therapy for People Living with HIV/AIDS: "Our Right, Our Choice, pg. 18

(2) Ibid., pg.32

(3) Ibid., pg. 36

(4) AIDS Committee of London, client focus group, 2005