

Guidelines for the
Community-Based
Distribution of
Medical Cannabis
in Canada

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I. BACKGROUND

1. Cannabis

Cannabis is a natural herb with a long history of medical use. It has been shown to alleviate suffering from a large number of medical conditions and symptoms and is used as either a complement or an alternative to pharmaceutical, over-the-counter, or “street” drugs. Research and experience have indicated that cannabis can be safely self-administered and self-titrated.

Currently the recreational use of cannabis remains illegal in Canada. Medical use is only legal under severely restricted circumstances through Health Canada’s Medical Marijuana Access Division. Established in 1999, this program has licensed just over 1000 people in Canada to use cannabis legally, and the official legal supply of cannabis remains problematic.¹

2. Community-Based Medical Cannabis Dispensaries

Medical cannabis dispensaries, also called compassion clubs, supply cannabis for therapeutic use upon a valid recommendation or confirmation of diagnosis from a licensed health care practitioner.

Compassion clubs reflect a community-based response to the suffering of critically and chronically ill Canadians who might benefit from the medical use of cannabis. They provide access to diverse strains of high quality raw plant cannabis and cannabis-based products in a secure environment conducive to healing. They also provide education about the safe and effective use of these products. In addition, some dispensaries subsidize access to other natural health care services that would otherwise be unavailable to their clients.

Compassion clubs also advocate for clients in regards to the use of cannabis as a medicine in an illegal and highly stigmatized context. This has included giving input and feedback to Health Canada’s medical marijuana program, and testifying before the Special Senate Committee on Illegal Drugs and the House of Commons Special Committee on the Non-Medical Use of Drugs. Several compassion clubs work with local, provincial and national health care organizations, initiate and participate in research studies, and give presentations to the community at large, colleges and universities, and at international, national and local conferences.²

Pre-dating the federal medical cannabis program, the history of Canada’s compassion clubs dates back to 1997, when the British Columbia Compassion Club Society opened its doors in Vancouver as a non-profit medical cannabis distribution organization. Since that time, a number of similar dispensaries have been established throughout Canada, but because of the overwhelming legal obstacles facing these organizations, only a few have been able to remain in operation for an extended period of time. Together, compassion clubs currently serve about 10,000 people living in Canada who use cannabis medicinally.

Communities, law enforcement, and criminal courts across Canada have shown support and tolerance for compassion clubs that self-regulate to ensure their services are strictly for medical purposes.³ The Senate Special Committee on

1. It is often cited that there are approximately 400,000 Canadians currently using cannabis for therapeutic purposes. This estimate is based on one study conducted in Ontario that found that 1.9% of the population aged 18 years and over reported that they use marijuana for medical purposes (Ogborne AC, Smart RG, Adlaf EM. Self-reported medical use of marijuana: a survey of the general population. *Canadian Medical Association Journal*, June 13, 2000;162(12):1685-1686.) This is most likely an underestimate. In British Columbia alone, it is estimated that about 7%, or 290,000 people, use cannabis for therapeutic purposes (Vancouver Sun. March 22nd, 2004. “Medical Marijuana Coming to B.C. Pharmacies”. Quote from Robin O’Brien, Director of Vancouver’s Pharmacotherapy Consulting Group.)

2. The VICS and BCCCS participated in a consultation with key stakeholders in Health Canada’s medical marijuana program in February of 2004. For this occasion they produced a document titled “Roadmap to Compassion,” which identifies many of the roadblocks Canadians have been experiencing with the MMAR program, and proposes solutions to overcoming them. Additionally, the Senate Special Report on Illegal Drugs report recommends that Health Canada license and work with Compassion Clubs. Links to this document and to the Senate Report can be found in Section VII. 1.

3. The BC Compassion Club Society’s *Operational Standards for the Distribution of Medical Cannabis* (written by Hilary Black and Rielle Capler, 2003) outlines the practices of this organization. It has been used as a reference by other compassion clubs, both nationally and internationally, and has served as the foundation for this document. See Section VII. 1.

Illegal Drugs and other government bodies have recommended that these organizations be licensed and legally recognized. However, despite the well-established and constitutionally protected right for Canada's sick and suffering to access cannabis, and the crucial and acknowledged role of compassion clubs in providing cannabis to those in need, Canadian dispensaries are currently operating without legal sanction or protection.

3. Harm Reduction

Based on a philosophy of harm reduction and improved public health, compassion clubs effectively balance legal concerns around the criminal prohibition of cannabis with a respect for the personal autonomy of individuals in making important healthcare decisions. Currently, this balance entails engaging in civil disobedience while striving to operate in a manner that addresses the concerns of all relevant stakeholders.

By offering a safe and secure means of access to high quality medical cannabis, compassion clubs reduce the potential harms often associated with illicit distribution. Medical cannabis users who are not clients of compassion clubs must obtain cannabis from other sources. These sources may be unreliable, unsafe, and difficult to find, and the cannabis they have available may be of lower quality, less effective, and/or at higher cost than that provided through most community-based dispensaries.

A well-run compassion club also reduces the risk of potential criminal repercussion associated with illicit cannabis distribution. Law enforcement officers and courts may choose to respect and recognize ID cards from recognized dispensaries as adequate proof of legitimate medical use. Courts have given discharges to compassion club operators who run their clubs in a transparent, accountable and responsible manner.

4. Purpose of Guidelines

It is imperative to protect the rights of Canadians to access medical cannabis strains and products that best suit their particular condition, are cultivated and produced in a method of their choice, and accessed through the source or outlet that best serves their needs.

The following guidelines carefully balance client autonomy, the diversity of individual dispensaries, local community concerns, and adherence to municipal, provincial and federal laws, all within the context of Canada's current cannabis policy.

These guidelines are designed to:

1. Provide a base-standard for self-regulation of dispensaries based on current best practices in Canadian compassion clubs;
2. Support medical cannabis dispensaries in providing a high standard of care that clients can and should expect;
3. Help both distributors and end-users achieve maximum safety and

therapeutic potential within a setting that is conducive to healing;

4. Formalize the good reputation established by compassion clubs, thus ensuring those with medical need have continued access;
5. Promote an understanding of medical cannabis dispensary practices to all levels of government, the justice system, law enforcement, and community partners;
6. Allow for effective cooperation amongst dispensaries utilizing the same base-standards of operation.⁴
7. Organize participating dispensaries into a more cohesive voice for the legitimization and legal acceptance of community-based cannabis production, research and distribution.

These guidelines are not intended to imply that organizations or individuals that are dispensing cannabis in another context or manner are not fulfilling legitimate purposes.

Dispensaries should continue to monitor the political and legal climate, as well as research findings, and adjust these guidelines accordingly.

4. Note that individual dispensaries may exceed these base-standards, and that adherence to these may not infer interchangeable membership or exchange of product between dispensaries

II. ACCESS TO DISPENSARIES

1. Eligibility Requirements

a. Age/Parental Permission

Community-based dispensaries should only distribute cannabis to those 18 years old and over, unless applicants have written consent from a parent or legal guardian.⁵ This age-based restriction reflects the legal age of adulthood, while also recognizing that some people under the age of 18 may also need access to a safe source of medical cannabis. In recognition that the legal status and stigma of cannabis use may pose particular difficulties for those under 18 in accessing medical cannabis, dispensaries will continue to monitor the political and legal climate regarding this requirement.

b. Healthcare Practitioner Support

Clients of compassion clubs must have the support of an appropriately licenced healthcare practitioner to verify their medical condition and the therapeutic nature of their cannabis use. Medical cannabis use generally refers to applications that alleviate the suffering of specific symptoms and medical conditions, and to improve the overall sense of well-being.⁶

Despite resistance from their provincial and federal regulatory bodies, an increasing number of physicians support the medical use of cannabis by their patients, and are the main source of patient recommendations for access to medical cannabis.

Given that cannabis is an herbal medicine, recommendations for its use may also be permitted from doctors of Traditional Chinese Medicine and Naturopaths. These health care practitioners are experienced with herbal medicine and have licensing bodies and governing associations necessary for legal recognition and to ensure a certain quality of care and expertise.

c. Recommendations and Confirmation of Diagnosis

Obtaining support from healthcare practitioners for therapeutic cannabis use can be problematic, particularly in rural areas of the country. Many health practitioners refuse to recommend the use of cannabis, even if they believe that it may be therapeutically beneficial to their patients. Although some refusals are due to potential medical concerns, many are the result of the illegal status and social stigma of cannabis, pressure from professional associations and colleges, fear of liability and pressure from insurers, a lack of awareness of the latest clinical research, and general discomfort with the prescription of herbal medicines.

In recognition of this problematic political/legal/regulatory situation, many dispensaries have found it necessary to accept a simple proof of condition for certain ailments rather than requiring an actual recommendation for the use of cannabis. This can help balance both the dispensary's and the local community's need to ensure the legitimacy of the patient's medical claim, while also addressing the patient's need for safe and timely access to medical cannabis.

5. Compassion clubs may chose to require a higher age of entry in recognition of provincial or community norms.

6. It should be noted that while many legitimate medical cannabis users choose to use cannabis after hearing of and/or experiencing its therapeutic benefits, self-referral is not sufficient for access to compassion clubs in the current legal climate.

Therefore, in order to not unduly restrict availability of cannabis to persons who may receive health benefits from its use, a confirmation of diagnosis from an approved health care practitioner is the base requirement for access to a compassion club for those suffering from the following conditions:

HIV/AIDS, ADHD, Arthritis, Brain/Head Injury, Cancer, Colitis, Chemotherapy, Crohn's Disease, Epilepsy, Fibromyalgia, Glaucoma, Hepatitis C, Irritable Bowel Syndrome, Migraines, Multiple Sclerosis, Muscular Dystrophy, Nausea (chronic and debilitating), Pain (chronic), Paraplegia/Quadriplegia, Parkinson's Disease, Radiation Therapy, Seizure disorders, Sleep Disorders, Substance Addiction and Withdrawal.

The above list of conditions is not comprehensive and should be reviewed and modified periodically in light of emerging research or changing social/legal conditions. Any other condition requires an actual recommendation for the use of cannabis from a healthcare practitioner.

It should be noted that some health care practitioners refuse to even confirm their patient's diagnosis, highlighting the necessity for legal reform and professional education. In the meantime, dispensaries must facilitate this process as much as possible to assist their clients in getting the care that they require.

d. Documentation

Ideally, each compassion club will have a form for health care practitioners to fill out. The form will provide health care practitioners the opportunity to both confirm the diagnosis and recommend the use of cannabis. It will also allow them to indicate if they do not recommend the use of cannabis and to state their reasons.

Since experience suggests that some health care practitioners will not feel comfortable filling out these forms, the conditions that require a diagnosis only (see above section c) may be written on prescription pads or practitioner letterhead. In some cases, other government forms that indicate a medical diagnosis supported by a practitioner signature (i.e. disability forms) may be acceptable to confirm an applicant's condition. Prospective clients can also sign release of information forms, requesting that their practitioner release relevant medical information to the compassion club for the confirmation of a health condition.

To ensure the legitimacy of medical documentation, all forms must be faxed to the dispensary directly from the health care practitioner's office, and the dispensary must confirm the origin of the fax. Additionally, the legitimacy of health care practitioners must be verified with their respective licensing bodies.

e. Special Consideration: Mental Health Conditions

Mental health conditions may be the primary or secondary medical reason for the use of cannabis. Some compassion club clients have recommendations for the use of cannabis for mental health conditions such as bi-polar, schizophrenia,

and PTSD. Many clients suffering from critical or chronic physical conditions also experience mental health problems such as depression and anxiety.

Research suggests that cannabis can be extremely effective in alleviating the symptoms of many mental health conditions. However, in some cases, cannabis use may not be beneficial and may prove deleterious to mental health. Therefore, it may be of benefit for the clients' healthcare provider to be aware of their use of cannabis through the compassion club, so that all parties can work together to effectively monitor and treat the client's condition.

As such, it is recommended that compassion clubs strive to get a recommendation for the use of cannabis in addition to a confirmation of diagnosis for mental health conditions. Clubs should also have a system in place to carefully assess and monitor clients with severe mental health conditions to ensure cannabis is of continued benefit to them. Tailored advice on strain selection and drug interactions should also be given to clients with mental health conditions.

Dispensaries should track current research in this area, and adjust assessment and treatment protocols accordingly.

2. Registration Requirements

a. Personal Information

Upon registering with a compassion club, specific personal information must be collected from the client in order to maintain the highest quality of service possible.

- i. Personal information and emergency contact info.
- ii. Detailed information regarding conditions, symptoms, and use of other medications.
- iii. Previous use of and experience with cannabis.
- iv. Other relevant info: pregnancy, eating and sleeping habits, allergies, use of other drugs including tobacco, alcohol, cocaine, heroin and methadone.
- v. Photo ID

b. Consent Form

Clients must sign a witnessed consent form designating the Club as their agent to procure cannabis on their behalf, and agreeing that this cannabis is for their personal use only and that they are aware that redistribution will result in expulsion.

c. Rights and Responsibilities

Documents or contracts detailing the clients' rights and responsibilities within the organization promote a safe, friendly and secure environment for all clients and staff, encourage respect for the neighbourhood and local community,

and ensure consistent daily operations around the distribution of cannabis. Dispensaries should develop clear repercussions for infractions of these rights and responsibilities, and a process for their implementation and enforcement. There should be no tolerance for redistribution, and any evidence of re-sale of medications procured from a compassion club should be grounds for an immediate loss of membership privileges.

(See Section VII. 2 for links to forms)

III. CLIENT EDUCATION

Compassion clubs encourage their clients to make informed and educated choices in regards to their healthcare. It is important that people using cannabis as a medicine are equipped with all of the information necessary to medicate safely and effectively.

Upon registering at a compassion club, clients should be given a thorough orientation session that is tailored to their personal healthcare needs. It is recommended that this session include the following areas of information:

1. *Introduction to the Plant*

Providing medical cannabis users with information about the cannabis plant and cannabinoids will promote an understanding of this medicine, allowing them to use it more effectively.

2. *Strain Selection and Effects*

Strains of cannabis from the Indica or Sativa genus have very different effects (as do many sub-species). These differences must be explained in order for a client to relieve their symptoms effectively and to be aware of potential side effects, both desirable and undesirable, associated with different strains. It must also be acknowledged that these are general tendencies and that effects vary from person to person. Clients may be given "tracking sheets" to keep track of the strains they have used and their effects.

3. *Dosage*

Since there is no threat of lethal toxicity from cannabis use, self-titration is the most efficient and effective method of dosage selection. Dispensaries should counsel clients on how to achieve the proper dosages for different modes of administration. Emphasis should be on using the smallest amount possible to achieve the desired effect. This allows the client to reduce costs, as well as achieve maximum therapeutic potential with the lowest amount of potential side effects.

4. *Potency*

Potency is an important factor in the overall efficacy of cannabis. Choosing a strain with the desired potency allows a client to ingest the smallest amount possible to achieve a desired effect.

5. *Tolerance*

With some cannabis users, tolerance to cannabis may develop through prolonged use of the same strain. Using a variety of strains will minimize therapeutic tolerance. Taking a treatment "holiday" from cannabis use altogether will also reduce tolerance.

6. Dependence and Withdrawal

When using any substance it is important to be aware of potential for dependence and withdrawal. There is no physical dependence from either chronic or periodic administration of cannabis. There are no significant withdrawal effects when cannabis use is ceased or decreased, however some people may experience sleeplessness, irritability, and loss of appetite. These symptoms are usually mild and short-lived (i.e. 3 days). There may be signs of some psychological dependence since symptom relief will also be decreased when use is ceased. Clubs should provide information to clients about these important considerations.

7. Ingestion Options

Reviewing the various forms of ingestion (i.e. smokeables, edible products, tinctures and teas) and how they differ from each other in terms of potency, time of onset, duration, and overall effect will assist clients in selecting the most effective treatment for their particular symptoms or condition, and help them to use whole-plant cannabis and bi-products safely and effectively.

8. Safe Smoking Techniques

Smoking cannabis may lead to respiratory irritation, especially with prolonged and heavy use, which is sometimes the case for those with chronic illnesses. There are several techniques and tools that can be used to reduce irritation (e.g. not holding the smoke in, and use of various smoking implements such as pipes and vaporizers). These should be reviewed with clients

9. Side Effects and Safe Use

There are some potential effects of cannabis that are not therapeutic (e.g. dizziness, increased heart rate, anxiety, dry mouth). These can be mitigated through education and awareness. As well there are some practical concerns (e.g. driving while if impaired, mixing with alcohol, sharing joints) that should be reviewed to ensure safe use. All clients should be able to make educated and informed decisions in regards to their medical use of cannabis.

10. Quality

Clients should be informed of the quality standards of each dispensary and how these are achieved (i.e. lab testing, production facility inspections). Clients should also be made aware of how to judge quality of products for themselves in terms of tactile and visual inspections.

11. Contraindications and Drug Interactions

Cannabis has been used for thousands of years without record of a single related death. However some research suggests that there may be some medical conditions that could potentially pose concerns in regards to the therapeutic application of cannabis. Additionally, many medical cannabis users may also be using pharmaceutical drugs for their medical condition. While some research indicates that there is the possibility that cannabis may increase or decrease the effectiveness of other medications, current research from pharmaceutical companies suggests that there are no significant drug interactions in regards to cannabis. On the whole, most cannabis users report no significant interactions, although many find that they can reduce their dosage of some their prescription medications with cannabis use, particularly opiate-based painkillers.

Additionally, cannabis can mitigate many negative side effects of prescription medications or treatments, which in some cases may be the primary reason for its therapeutic use. Operators of dispensaries have an ethical responsibility to educate themselves and their clients in regards to potential drug interactions or contraindications to cannabis use, and to stay up to date with emerging clinical cannabis research.

12. Political Climate and Legal Risks

It is important to inform club clients of the current state of the laws, which may be unclear from media and police sources and may be in a state of flux. It is still illegal in Canada to possess, grow, or distribute cannabis. Clients must be aware of the risks of criminal persecution in their particular region, and must know their rights in order to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record. Client should also be made aware of Health Canada's medical marijuana program, which is currently the only legally sanctioned avenue for access. While clubs do not require clients to have a Health Canada license, clients should be able to make an informed choice about participating in the programme.

(See Section VII. 3 for links to more information about the above topics)

IV. DISPENSING CANNABIS

1. *Valid ID*

Dispensaries will only distribute to clients who present valid ID that identifies them as clients of the dispensary.

2. *Quantity Restrictions*

Due to clients' budget restrictions, health considerations, and personal convenience, dispensaries must make available to clients the option to purchase smaller or larger quantities at one time. To address concerns of diversion, dispensaries must reserve the right to limit individual client purchases. Dispensaries reserve the right to retain enough cannabis on site to fulfill all potential patient needs.

3. *Variety of Strains*

In order to effectively treat a wide variety of symptoms and conditions, offering a variety of strains is essential.

4. *Cannabis Products*

To address diverse client needs, it is important to have a variety of cannabis products available. These products may include:

- Edible Products. Ideally some should be wheat, dairy and sugar-free, as many clients may have to avoid these ingredients in their diets.
- Cannabis-infused cooking oil and butter. These can be used for cooking or for direct oral ingestion.
- Hashish. This form of cannabis provides a concentrated dose of cannabinoids, allowing a patient to consume less plant matter to achieve the desired therapeutic effect.
- Tinctures. Typically alcohol-based and available in drops and/or spray form, and designed to be absorbed through the mucous membranes in the mouth. Glycerin-based tinctures can be effective for clients who do not use alcohol.

5. *Selection Support*

Clients should be made aware of all relevant information about the strains, such as the effects and organic cultivation status. Dispensary staff should be well informed about the strains and products being distributed. Gathering feedback from clients on the efficacy of each strain can provide valuable data to equip staff in assisting clients to select the right strain. Cannabis should be displayed in a well-lit and clean display area so that clients can properly view and select their medications.

6. Handling and Storage

Clean hands, gloves or tongs must be used while handling the cannabis.

Cannabis should be stored in a cool, dark and dry location. It is essential that cannabis be stored in food-safe containers to avoid any contamination during storage or transportation.

7. Packaging

ideally, cannabis distributed by compassion clubs should be labeled. The label should contain the name of the strain, batch, quantity, as well as clearly indicate that it is for medical use and not intended for resale.

8. Pricing

Medical cannabis must be affordable to those in need. It is imperative that this medicine be covered by provincial and private healthcare insurance plans, as are pharmaceutical medicines used to treat the same conditions. In the meantime, Clubs must strive to offer clients the lowest price possible, and attempt to provide donations when available.

9. Sales Records

Individual client purchases must be accurately recorded with the goal of improving individual treatment, as well as to ensure that quantities being purchased do not suggest re-distribution. Clients may have access to this information at any time.

10. Purchasing Options

Due to the severity of illnesses or the location of residence of some clients, there should be alternatives to purchasing their medicine in person at the dispensary. Some options include assigning a designated purchaser or caregiver, providing a delivery service, and/or establishing a "mail-out" program. Since due diligence must be taken to ensure the medicine goes directly to the client, each dispensary should create clear procedures for such programmes.

11. Right to Refuse Service

Dispensaries must have the right to refuse service should a client not produce valid I.D., interfere with the safe, friendly and secure environment for all clients and staff and with the smooth daily operations around the distribution of cannabis, or if they become rude, violent or disrespectful of the staff, fellow clients, or members of the community at large.

12. Visitors

To support dispensary clients who are traveling away from their home community, dispensaries can, at their discretion, offer medicine to clients of other clubs that adhere to the basic eligibility guidelines (see above Section II).

To ensure proper documentation, all visitors must provide the following to the host dispensary:

- Valid cannabis club/state program card and/or Health Canada license.
- Healthcare practitioner's statement from another cannabis club/state program or a medical marijuana prescription. (Canadian license holders do not need to submit this)
- Picture identification.
- A signed release of information form so that information can be verified with clubs and state registries. (Health Canada does not have a system for verification.)
- A signed consent form.
- Visitors from the USA must also sign a waiver declaring that any cannabis procured from the dispensary is for their use in Canada only.

Once approved, visitors should be permitted a certain number of visits per year after which they must become full clients (i.e. pay any registration fees and participate in the registration process) in order to access services.

V. CANNABIS SUPPLY

1. Quality of Cannabis

Dispensary clients using medical cannabis may have depleted immune systems or chemical sensitivity. It is essential that medical cannabis dispensed at compassion clubs is free of chemicals, harmful microbiological contaminants, and any other potentially toxic agents.

a. Cultivation

During the cultivation of medical cannabis, caution must be taken to avoid contamination from chemical fertilizers, pesticides and fungicides, as well as potentially dangerous pathogens like yeast, moulds, mildews and fungi. Clubs should strive to offer an organic supply of cannabis with the eventual goal of seeing all Canadian cannabis dispensaries distribute only organic cannabis and by-products.

b. Quality Control

Dispensaries should have quality control standards for raw cannabis, medicated food, tinctures and other cannabis products.

There are several mechanisms to assess quality and to identify problems, including visual and tactile inspection, laboratory testing, and batch numbers. All of these must be used by cannabis dispensaries where relevant and when possible. Ideally, all dispensaries would be able to obtain laboratory data on heavy metals, pesticides and biological impurities. However under the current legal regime there are no labs in Canada licensed to test cannabis for end-users. Organic and Foodsafe certification are also recommended where possible.

2. Cannabis Suppliers

Cannabis cultivators are an integral part of any community-based distribution model. In order to provide a variety of high quality strains to clients at the lowest possible cost, dispensaries have the right to purchase medicine from experienced, dedicated and ethical cannabis cultivators in a secure and confidential manner.

To maintain due diligence around cultivators and production methods and to reduce risk to the cultivator in the climate of prohibition, several protocols should be followed:

a. Contracts

All cultivators should sign a contract with the dispensary. Potential cultivators will participate in a personal interview before receiving a contract, and will agree to supply cannabis only to medical cannabis dispensaries. The contract should be reviewed on a yearly basis.

b. *Inspection Protocol*

Dispensaries will inspect the contracted cultivation facilities on at least a yearly basis to ensure the cleanliness and safety of the production site and that the scale of the operation does not exceed the amount supplied to the dispensary. The facility will be inspected for plant numbers, integrity of property, safety, cleanliness, air quality, cultivation products and mediums, and the general health of the plants. Any structural damage to property (unless owned by the cultivator) or molds/mildews/fungi are considered unacceptable and may result in termination of contract.

c. *Number of Suppliers*

Dispensaries will work with as many cultivators as necessary to fulfill the demand for quantity, quality, affordability, and variety of strains.

d. *Cultivator Protection*

It is imperative that cultivators be legally protected for their part in providing cannabis to those in need. In the meantime, dispensaries will ensure the names of cultivators and the location of their facility is kept confidential. Dispensaries will support cultivators by testifying in court should this be necessary. Cultivators will be given a contract that they can display at their production facility.

(See Section VII (4) for information resources about cannabis cultivation)

VI. GENERAL DISPENSARY RESPONSIBILITIES

1. Accountability and Transparency

In order to ensure that distributors are not accused of profiteering, it is recommended that dispensaries ensure transparency, openness, financial accountability, and mechanisms for client feedback. Non-profit incorporation is one way of meeting these criteria.

2. Applicable Regulations and Laws

Dispensaries must be in compliance with all applicable regulations including: zoning, health and safety codes, labour standards, and WCB employment and reporting requirements.

3. Community Relations

Dispensaries are responsible for any related impact on their neighbours and local communities. It is recommended that they maintain a clean, friendly, well-lit and safe store-front, and have open communication with applicable neighbourhood businesses, organizations, associations, individuals, and social welfare groups.

4. Staffing

a. Training and Experience

Proper staff training is essential to providing effective health care. Areas of staff training should include: the effects of the variety of strains on different symptoms and conditions, dosage, potency, tolerance, dependence, ingestion techniques, side-effects, safe use techniques, potential drug interactions, and visual/tactile quality inspections.

Employees of a cannabis dispensary should have basic first-aid training. Experience with persons with disabilities, and an understanding of poverty and the surrounding issues is also valuable.

b. Legal Understanding

While the legal status of medical cannabis remains in flux, it is crucial that employees fully understand the legal risk they are undertaking to distribute medical cannabis. They should be made aware of their legal rights in the case of arrest.

5. Health and Safety

Dispensaries must maintain a clean and safe environment. All WCB rules and regulations, city by-laws and fire codes must be adhered to. Dispensaries must be clean, follow universal precautions for infection control, and provide

restroom facilities. If there is a smoking-room at the facility, it should be well-ventilated and clients should be cautioned about sharing joints and provided with sanitizing agents for pipes and vaporizers.

6. Accessibility

Ideally, medical cannabis dispensaries should be wheelchair accessible and have a wheelchair accessible washroom. If this proves unfeasible, special arrangements should be made to serve and accommodate the needs of members who use wheelchairs. This could include a home delivery or caregiver pick-up service.

7. Security

In order to provide a safe environment, and to avoid loss or damage to the dispensary, security measures must be taken. Security measures for a medical cannabis dispensary are the same as those necessary to safely and securely operate any business dealing with a valuable product.

Physical measures include: adequate locks, security bars, an alarm system, and a safe for storage of money and cannabis. It is imperative to use discretion when discussing sensitive information, such as the identity and location of suppliers, and details regarding the transportation of cash and cannabis.

8. Privacy and Confidentiality

All of the information provided by clients shall be kept strictly confidential and the dispensary must not release any information about their clients without their written consent. All staff, volunteers, consultants and directors of dispensaries must sign non-disclosure agreements. The dispensary must act in accordance with all relevant privacy regulations.

VII. INFORMATION RESOURCES

1. *Background*

- A Roadmap to Compassion: http://safeaccess.ca/library/roadmap_to_compassion.pdf
- Senate Special Committee on Illegal Drugs Final Report (recommending that Health Canada license and work with compassion clubs): http://www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=37&Ses=1&comm_id=85
- BCCCS Operational Standards for the Distribution of Medical Cannabis: <http://www.thecompassionclub.org/resources/standardsapr30.pdf>

2. *Access to Dispensaries*

Forms used by the BC Compassion Club Society and the Vancouver Island Compassion Society: they can be used or modified by individual dispensaries.

- <http://thevics.com/forms.htm>
- <http://www.thecompassionclub.org/become/forms>

3. *Client Education*

a. Safe Use

- The BCCCS Safe and Effective Use Pamphlet: <http://www.thecompassionclub.org/resources/strainbroch.pdf>
- VICS Medical cannabis Guide: <http://thevics.com/publications/vics/VICSMedsGuide2005.pdf>

b. Contra-indications and drug interactions

- Bayer Canada (distributors of Sativex): http://www.bayerhealth.ca/display.cfm?Object_ID=272&Article_ID=121&expandMenu_ID=53&prevSubItem=5_
- Solvay Pharmaceuticals (maker of the synthetic THC medication Marinol): http://www.solvaypharma.ca/en/products/hcp/pdf/Marinol_HCP_Mono.pdf
- Health Canada: http://www.hc-sc.gc.ca/dhp-mps/marihuana/how-comment/medpract/infoprof/index_rev_e.html

c. Political/Legal Climate

- Canadians for Safe Access: www.safeaccess.ca
- Health Canada's Marijuana Medical Access Division (http://www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html)
- John Conroy, Q.C. has a comprehensive list of relevant medical cannabis legal challenges and decision in his website's library: <http://johnconroy.com/library.html>

4. Dispensing Cannabis

Cannabis By-Products and Recipes for Alternative Methods of Ingestion:

- Recipes available at <http://thevics.com/vicsdocs.htm>

5. Cannabis Supply

Additional Reading and Resources for Safe Cannabis Production:

- Indoor Marijuana Horticulture: The Indoor Bible, by Jorge Cervantes
- Marijuana Indoors: Five Easy Gardens, by Jorge Cervantes
- Marijuana Outdoors: Guerilla Growing, by Jorge Cervantes
- Growing Medical Marijuana Organically, by Jeff Mota, Frieda Weed
- How to Grow Marijuana Indoors for Medicinal Use, by G. W. Carver
- Marijuana Grower's Guide, by Mel Frank, L. P. Kallan (Illustrator), Oliver Williams (Illustrator)
- Indoor Marijuana Horticulture, by Jorge Cervantes
- Ask Ed – Ed Rosenthal's web site: <http://www.quicktrading.com/home.html>
- Wo/Men's Alliance for Medical Marijuana: <http://www.wamm.org/video.htm>

6. Additional Information

List of Legal Aid Services (by province):

Commission des services juridiques du Québec.....	Telephone: (514) 873-3562
Law Society of Nunavut.....	Telephone: (867) 979-2330
Legal Aid Commission of Newfoundland and Labrador.....	Telephone: (709) 753-7860 Toll Free: 1-800-563-9911
Legal Aid Manitoba.....	Telephone: (204) 985-8500 Toll Free: 1-800-261-2960 TTY: (204) 943-1131
Legal Aid New Brunswick.....	Telephone: (506) 458-8540
Legal Aid Ontario.....	Telephone: (416) 979-1446 Toll Free: 1-800-668-8258 TTY: (416) 598-8867 TTY: Toll Free: 1-866-641-8867
Legal Aid Prince Edward Island.....	Telephone: (902) 368-6016
Legal Aid Society of Alberta.....	Toll-free in Alberta: 1-866-845-3425 Direct from Edmonton (780) 644-7777
Legal Services Board of the Northwest Territories	Telephone: (867) 920-3160, Yellowknife residents only. Toll Free: (888) 920-3160, NWT wide.
Legal Services Society of British Columbia.....	Tel: (604) 408-2172, Lower Mainland Toll Free: 1-866-577-2525, outside the Lower Mainland
Nova Scotia Legal Aid Commission.....	Telephone: (902) 420-6578 Toll-free: 1-877-420-6578
Saskatchewan Legal Aid Commission.....	Telephone: (306) 933-5300 Toll-free: 1-800-667-3764
Yukon Legal Services Society.....	Telephone: Tel: (867) 667-5210 Toll Free: 1-800-661-0408 ext. 5210