

Medical marijuana regulation raises issue of cost



By [Jacob Stilman](#)

The medical marijuana issue has been with us since the seminal decision of the [Ontario Court of Appeal in *R. v. Parke*](#) decided in the year 2000. Since then the courts and the government have struggled to settle on a regime that would enable individuals suffering from a variety of chronic medical conditions to have access to marijuana and other cannabis products which purport to have therapeutic benefits.

Ultimately, at the direction of the courts Health Canada formalized a medical licensing system which provides individuals who obtain a prescription to possess, and or produce, marijuana. Such persons are effectively exempted from the provisions of the Controlled Drugs and Substances Act (CDSA), which ordinarily prohibits the production or possession of cannabis.

Persons obtaining these exemptions are issued a certificate which sets out an upper limit on how much cannabis product an individual may possess at any one time and how many plants they may grow.

A licensed medical marijuana user may also designate another individual to be their producer since not every medicinal user is going to have the means or ability to grown their own product.

Not surprisingly this system has not sat well with the Conservative government, which views any dilution of the laws prohibiting marijuana production and possession with intense suspicion and skepticism.

Just as the Harper government attempted, unsuccessfully, to shut down the In-site safe injection facility, the whole notion of medical marijuana likely offends their puritanical views on drugs.

Therefore, the government's response has been to bring in a new regime to control the distribution and production of medical marijuana.

In and of itself, this effort may actually make some sense.

Certainly there is an argument to be made that the virtually unregulated system of "personal production" providers is open to abuse and difficult to police. Furthermore, in-house grow operations do indeed create other health hazards within residences, particularly where homes become mold infested. The idea of designated licensed, government-inspected facilities ought to be a step forward.

However, clearly there is a cost to the end user.

The recent Federal Court injunction which issued in response to an application by end users recognizes the plight of a large and representative group, that of marginalized medical marijuana users.

Frequently these are persons on long-term disability allowances brought about by their chronic medical conditions. They have meager financial resources with which to pay for the product on which they depend. A formally licensed supply regime will undoubtedly impact

on the cost of their prescriptions, potentially making it unaffordable.

Let us not lose sight of the fact that the licensed producers are in this for a profit. They will now have the benefit of a state-regulated monopoly assuring them of exclusive production rights, which is a recipe for spiraling cost to the consumer.

On the other hand, the current regime, while unregulated, has permitted users to arrange for their own supply, or to grow their own for relatively low cost.

Once medical marijuana is turned over exclusively to officially licensed producers, the end-users will have no ability to control the cost and they will be breaking law should they try to access or produce their own product. Bearing in mind that now the consequences to individuals who produce as few as six plants is a mandatory term of imprisonment, this is no small threat.