

March 28, 2022

The Honourable Carolyn Bennett, M.D., P.C., M.P.  
Minister of Mental Health and Addictions and Associate Minister of Health

The Honourable Jean-Yves Duclos  
Minister of Health

cc: Hon. Sheila Malcolmson, B.C. Minister of Mental Health and Addictions  
Hon. Mike Farnworth, B.C. Minister of Public Safety and Solicitor General  
Dr. Murray Fyfe, Chief Medical Health Officer, Island Health  
Dr. Bonnie Henry, Provincial Health Officer for British Columbia  
Ms. Lisa Lapointe, Chief Coroner

**Re: *Cannabis Act*, exemption for Victoria Cannabis Buyers Club (VCBC)**

Dear Ministers Bennett and Duclos:

As researchers working in the fields of substance use and harm reduction, we are writing to express our concerns about the current sanctions faced by the Victoria Cannabis Buyers Club (VCBC) and the foreseeable harms arising from their potential closure. We believe that exempting VCBC under the *Cannabis Act* is in the public interest, given the current overdose crisis and the absence of a plan to ensure equitable access to cannabis for therapeutic purposes.

Victoria Cannabis Buyers Club (VCBC) is located in downtown Victoria. Founded in 1996, VCBC is one of the oldest buyers in Canada. It currently has over 8,000 active members who consume cannabis for symptom management (i.e., for therapeutic purposes). Applying for a membership is free. However, each applicant is required to complete an application form which includes proof of condition or recommendation for cannabis. VCBC offers members safe access to affordable and high-quality medicinal cannabis and cannabis-related products. They also offer a mail order service, a delivery service, guidance from expert staff, and access to a smoking lounge known as “The Box.” This lounge is wheelchair accessible and available to all members who wish to smoke cannabis for therapeutic purposes. Preliminary findings from a survey conducted in collaboration with VCBC suggest that this lounge is an important space for healing, harm reduction, socialization, and cannabis education. Without access to the lounge, members may not have access to a safer space to smoke cannabis or may face important risks related to smoking regulations (e.g., tickets, fines, eviction, warnings, etc.).

Historically, people who consume cannabis for therapeutic purposes in Canada have faced substantial barriers to access. For example, a study conducted by Belle-Isle and colleagues<sup>i</sup> before cannabis legalization found that Canada’s federal medical cannabis program failed to deliver on five key dimensions: accommodation, accessibility, availability, affordability, and acceptability. The takeaway message from this study was that medical cannabis remained difficult to access because the federal program failed to (1) meet the needs of people affected by a range of chronic health issues, (2) provide various low-cost products, delivery systems, and access points (including storefront distribution models), (3) make optimal use of dispensaries to increase access, and personalized service, (4) educate and encourage providers to prescribe, and (5) address the stigma and perceived controversy that surrounds medical cannabis – especially in clinical settings.

For decades, VCBC has addressed an important gap by providing access to cannabis for people who live with chronic health conditions and may not be able to access cannabis otherwise. The consumption of cannabis to manage symptoms such as appetite loss, wasting, nausea, vomiting, pain, anxiety, depression, stress, and insomnia has been widely documented over the past decades. Among people living with HIV, for example, cannabis is one of the most commonly used alternative and complementary therapies. Reasons for using cannabis as a symptom management strategy include its effectiveness, delivery methods, ability to treat multiple symptoms as opposed to just one, low potential for side effects and interactions in comparison to medications, and additional beneficial effects on mood, stress, and overall well-being. Most importantly, cannabis is commonly used as a substitute for other medications. In a recent study<sup>ii</sup> of close to 3,000 people who consume cannabis for therapeutic purposes, the most common types of medications replaced by cannabis were: pain medication (67.2%), antidepressants (24.5%), and arthritis medication (20.7%).

The consumption of cannabis as a substitution for pain medications, most notably opioids, has been documented in Canada. For this reason, cannabis has been increasingly studied as a harm reduction strategy among people who use unregulated opioids in Canada. As Lucas<sup>iii</sup> explains it, there are “three important windows of opportunity for cannabis for therapeutic purposes to play a role in reducing opioid use and interrupting the cycle towards opioid use disorder: “1) prior to opioid introduction in the treatment of chronic pain; 2) as an opioid reduction strategy for those patients already using opioids; 3) as an adjunct therapy to methadone or suboxone treatment in order to increase treatment success rates.” Collectively, our research supports this approach and it has documented the benefits of cannabis for people who experience chronic pain, the substitution effect of cannabis among people who use unregulated opioids, and its positive impact on retention in medication-based treatment for opioid use disorder.<sup>iv</sup> A recent feasibility study also points to additional substitution benefits for people experiencing severe alcohol use disorder.<sup>v</sup>

VCBC’s experience illustrates the impact of legalization on low-threshold access points that have been operational for decades. Since legalization, VCBC underwent an inspection in May 2019 and two raids in November 2019 and July 2020. As a result, they now face [\\$6.5 million](#) in fines for selling cannabis illegally. In April 2020, VCBC submitted an exemption request to Health Canada, arguing that it is in the public interest to protect low-threshold access points given the current state of the overdose crisis and the known fact that cannabis is an effective substitution option – especially for people who suffer from chronic pain who already face tremendous hurdles getting proper care and support. This letter echoes this request and reiterates that extending publicly funded resources to target VCBC (and other low-threshold access points such as compassion clubs and dispensaries) is ineffective, costly, and dangerous.

As researchers who understand and have documented the therapeutic and harm reduction benefits of cannabis, we are extremely concerned about the 8,000 VCBC members who will be left without this access to their medicine. An evidence-informed response to existing low-threshold access points such as compassion clubs, buyers clubs, and dispensaries that operate outside the *Cannabis Act* requires a careful balancing between the purposes of the Act, public health risks and benefits of cannabis for people living with chronic health conditions, *Charter* rights and freedoms, longstanding access gaps that are not entirely addressed by the recreational government-sanctioned market or the federal medical program, and the public interest. We see no justification to fine and punish VCBC, nor do we see a clear plan to prevent and reduce harms that will arise from depriving the community of an important low-threshold access point. For example, many of the cannabis products that are used for therapeutic purposes, such as suppositories and higher-dose edibles, are not available.

We urgently call on Health Canada to grant the exemption requested by VCBC and dedicate resources to develop a plan that meets the needs of people who consume cannabis for therapeutic purposes. We also see an urgent need to support rather than punish community-based compassion clubs, buyers clubs, and dispensaries that do not have the resources, staffing, time, and expertise to fulfill all the requirements under the *Cannabis Act*.

Sincerely,

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Scientist, Canadian Institute for Substance Use Research

Dr. Bernie Pauly, RN, PhD  
Professor, School of Nursing, University of Victoria  
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Dr. Tim Stockwell, PhD  
Scientist, Canadian Institute for Substance Use Research

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<sup>i</sup> Belle-Isle et al. (2014). Barriers to access for Canadians who use cannabis for therapeutic purposes. *International Journal of Drug Policy*, 25(4), 691–699.

<sup>ii</sup> Kvamme et al. (2021). Exploring the use of cannabis as a substitute for prescription drugs in a convenience sample. *Harm Reduction Journal*, 18, 72.

<sup>iii</sup> Lucas (2017). Rationale for cannabis-based interventions in the opioid overdose crisis. *Harm Reduction Journal*, 14, 58.

<sup>iv</sup> See, for example, Socias et al. (2018). High-intensity cannabis use is associated with retention in opioid agonist treatment: a longitudinal analysis. *Addiction*, 113(1), 2250-2258; Sihota et al. (2021). Consensus-based recommendations for titrating cannabinoids and tapering opioids for chronic pain control. *The International Journal of Clinical Practice*, 75(8), e13871; Woon et al. (2018). Pain as a risk factor for substance use: a qualitative study of people who use drugs in British Columbia, Canada. *Harm Reduction Journal*, 15, 35; Chayama et al. (2021). The role of cannabis in pain management among people living with HIV who use drugs: A qualitative study. *Drug and Alcohol Review*, 40(7), 1325-1333; Lake et al. (2019). Frequency of cannabis and illicit opioid use among people who use drugs and report chronic pain: A longitudinal analysis. *Plos Medicine*, 16(11), e1002967; Valleriani et al. (2020). The emergence of innovative cannabis distribution projects in the downtown eastside of Vancouver, Canada. *International Journal of Drug Policy*, 29, 102737; Mok et al. (2021). Use of Cannabis for Harm Reduction Among People at High Risk for Overdose in Vancouver, Canada (2016–2018), *American Journal of Public Health*, 111, 969–972; Lucas et al. (2021). Cannabis Significantly Reduces the Use of Prescription Opioids and Improves Quality of Life in Authorized Patients: Results of a Large Prospective Study, *Pain Medicine*, 22(3), 727-739. Socias et al., (2021). Cannabis use is associated with reduced risk of exposure to fentanyl among people on opioid agonist therapy during a community-wide overdose crisis, *Drug and Alcohol Dependence*, 1, 219, 108420; Reddon et al. (2020). Frequent Cannabis Use and Cessation of Injection of Opioids, Vancouver, Canada, 2005–2018. *American Journal of Public Health*, 110, 1553–1560.

<sup>v</sup> Pauly et al. (2021). "If I knew I could get that every hour instead of alcohol, I would take the cannabis": need and feasibility of cannabis substitution implementation in Canadian managed alcohol programs. *Harm Reduction Journal*, 18(1), 65.