



Research paper

Are dispensaries indispensable? Patient experiences of access to cannabis from medical cannabis dispensaries in Canada



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ABSTRACT

Background: In 2001, Canada established a federal program for cannabis for therapeutic purposes (CTP). Medical cannabis dispensaries (dispensaries) are widely accessed as a source of CTP despite storefront sales of cannabis being illegal. The discrepancy between legal status and social practice has fuelled active debate regarding the role of dispensaries. The present study aims to inform this debate by analysing CTP user experiences with different CTP sources, and comparing dispensary users to those accessing CTP from other sources.

Methods: We compared sociodemographic characteristics, health related factors and patterns of cannabis use of 445 respondents, 215 who accessed CTP from dispensaries with 230 who accessed other sources. We compared patients' ratings of CTP sources (dispensaries, Health Canada's supplier, self-production, other producer, friend or acquaintance, street dealer) for *quality and availability of product, safety and efficiency of access, cost, and feeling respected while accessing*.

Results: Patients using dispensaries were older, more likely to have arthritis and HIV/AIDS, and less likely to have mental health conditions than those not using dispensaries. Those accessing dispensaries used larger quantities of cannabis, placed greater value on access to specific strains, and were more likely to have legal authorization for CTP. Dispensaries were rated equally to or more favourably than other sources of CTP for *quality, safety, availability, efficiency and feeling respected*, and less favourably than self-production and other producer for *cost*.

Conclusion: Given the high endorsement of dispensaries by patients, future regulations should consider including dispensaries as a source of CTP and address known barriers to access such as cost and health care provider support. Further research should assess the impact of the addition of licensed producers on the role and perceived value of dispensaries within the Canadian medical cannabis system.

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For over half a century, international regulations have confined almost all cannabis access and distribution to illicit markets. However, the dramatic resurgence of interest in the therapeutic use of cannabis has invigorated debate and innovation related to the provision of cannabis for therapeutic purposes (CTP). Canada was the second country in the world to establish a federal program for CTP distribution, and Canadian CTP users have engaged both legal and illegal avenues for accessing CTP. Of these avenues,

legally prohibited storefront medical cannabis dispensaries (hereafter 'dispensaries') are one of the most widely accessed, and have garnered substantial attention from the public and policymakers. The role of dispensaries has been the subject of active and contentious debate; whereas proponents endorse the provision of a valuable health service and locate dispensaries within a tradition of conscientious civil disobedience, others have protested the illicit nature of these operations (Canadian Association of Medical Cannabis Dispensaries, 2011; Capler, 2010; Koven, 2016; Lucas, 2008). The present study adopts a patient-centred approach to comparing sources of access to CTP, with a focus on the relative status of dispensaries.

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Dispensaries have not been included as an authorized source of CTP in Canada's federal government regulations for medical cannabis to date. Pre-dating Canada's legal CTP program, and modelled after the venues that emerged in the United States following the 1996 passage of a medical cannabis ballot initiative in California, dispensaries have been in operation in select communities throughout Canada since 1997 (Capler, 2010). The primary purpose of dispensaries, also known as compassion clubs, is to provide high quality cannabis to those in medical need. Medical need is typically verified by dispensaries through documented confirmation of a medical condition for which CTP is indicated or a recommendation from a licensed health care provider (Capler & Lucas, 2006).

In 2001, a court ruling confirmed the constitutional right of Canadians to use CTP (*R. v. Parker*, 2000). In response to the ruling, the government of Canada – through the office of Health Canada – published the *Marihuana Medical Access Regulations* (MMAR), which established eligibility criteria and a process for obtaining authorization to possess and access a legal supply of CTP (Government of Canada, 2001). Applications were processed centrally by Health Canada, and successful applicants were presented with three legal options for accessing CTP: self-producing, designating another person to produce on one's behalf, and purchasing cannabis from a single private government-contracted supplier. The MMAR were in effect from July 2001 until April 2014, and were replaced by the *Marihuana for Medical Purpose Regulations* (MMPR) (Government of Canada, 2013), under which the government no longer contracted a single private company and phased out personal and designated production licenses. Instead, authorized Canadians could mail-order cannabis from commercial producers licensed by Health Canada. The regulations stipulated security and production requirements for these licensed producers. Neither the MMAR nor MMPR included dispensaries as a legal option for accessing CTP.

Notwithstanding accelerating growth in the last few years of its tenure, fewer than 5% of the more than 500,000 estimated users of CTP in Canada registered under the MMAR (Adlaf, Begun, & Sawka, 2005), indicating that the majority of Canadian CTP users accessed cannabis without federal approval. Several factors have been proposed to explain the low uptake of the MMAR, and barriers to access under this program have been well characterized (Belle-Isle & Hathaway, 2007; Belle-Isle et al., 2014). Indeed, only 7% of patients authorized under the MMAR accessed CTP exclusively from legal sources, with as many as 80% shown to obtain CTP from dispensaries (Belle-Isle et al., 2014; Walsh et al., 2013). The inadequacies of access under the MMAR, and the MMPR, resulted in several patient-led legal challenges to the program. In one such challenge, the court noted the existence of storefront medical cannabis dispensaries, which had “historically provided a safe source of marijuana to those with the medical need” (*Hitzig v. Canada*, 2003). In another challenge, the court noted that “dispensaries are the heart of cannabis access” (*Allard et al. v. Canada*, 2014). The MMPR were replaced by the *Access to Cannabis for Medical Purposes Regulations* (ACMPR) in August 2016 (Government of Canada, 2016), which reinstated personal and designated production licenses in addition to the licensed producers. Dispensaries were not included as an authorized source of CTP in the ACMPR. Currently, approximately 130,000 patients are registered with one of Canada's 43 licensed producers (Health Canada, 2017).

In 2013, when the MMPR came into effect, there were approximately 40 dispensaries nationwide, serving an estimated 40,000 patients (Canadian Association of Medical Cannabis Dispensaries, 2013). A proliferation of dispensaries in Canada followed, with national estimates from April 2016 indicating over 175 dispensaries in operation, mostly concentrated in larger urban

centres in British Columbia and Ontario (Cain, 2016; Fumano, 2016; Kari, 2016; Reid, 2016; Wilson, 2016). It is estimated that dispensaries are serving between 100,000 and 200,000 patients (Hager, 2015). In the regulatory gap for dispensaries, some dispensaries jointly developed their own self-regulation, including standards of operation and a certification program, to foster best practices and engender support from various stakeholders (Canadian Association of Medical Cannabis Dispensaries, 2014). There is a wide range of dispensary models, and they vary in the quality and types of products and services they provide. While some of these dispensaries focus exclusively on CTP users, others may also cater to non-medical users. The cannabis supplied by dispensaries is unregulated. Despite their illegal status at the federal level, tolerance for dispensaries varies considerably across jurisdictions, and some municipalities have developed licensing systems to regulate these establishments despite the federal prohibition (City of Vancouver, 2015; City of Victoria, 2016). Debate regarding the role of dispensaries has accelerated since the April 2017 introduction by the Canadian government of legislation legalizing and regulating the sale of cannabis for nonmedical use, expected to be implemented in the Summer of 2018 (Bill C-45, 2017). The Bill proposes that the provinces and territories formulate regulations for distribution and retail, which may include storefront dispensaries. Regulations for medical cannabis may be impacted by these new regulations in the future.

The present study was designed to inform the current debate in Canada surrounding the potential role of dispensaries in CTP access. To our knowledge, this study is the first to focus specifically on CTP user experiences of dispensaries, and to compare these experiences with those of accessing CTP from other legal and illegal sources, namely from friends or acquaintances, street dealers, self-production (with or without a license), other producers (with or without a license), and the government contracted producer under the MMAR. These analyses help to characterize patients accessing dispensaries by comparing them to CTP users who access cannabis from other available sources and provide novel information regarding features that distinguish dispensaries from those other sources of access. Given the dearth of empirical research investigating CTP access, and growing interest in regulating cannabis, this study provides historical context for emerging data regarding access to cannabis under new and evolving regulatory frameworks for medical and nonmedical cannabis use in Canada. This study also has the potential to inform policy development in Canada and other nations grappling with similar issues.

Methods

Participants were 445 adults drawn from the Cannabis Access for Medical Purposes Study (CAMPS; for more details of study characteristics see Walsh et al., 2013). Respondents were current users of CTP in 2011–2012 drawn from two samples; a *national* sample ($n = 366$) that completed the questionnaire online and a *local* sample ($n = 79$) that completed the survey in-person at a single British Columbia dispensary. The *local* group consisted of members of the dispensary who were either authorized to possess cannabis through Health Canada or had documented confirmation of a medical condition for which CTP shows therapeutic benefits. This recruitment strategy was selected as it allowed for comparison of the less controlled online *national* condition with the confirmed CTP users queried in-person in the *local* condition. Participants in the *local* group received a \$10 compensation and help from research assistants; participants in the *national* group did not receive financial compensation or assistance. Health Canada authorization to possess cannabis for medical purposes was reported by 30% ($n = 133$). The survey was developed by a team comprising academic researchers, representatives from community-based and

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