



Cannabis Dispensaries and Patient Access in the Legal Regime for Cannabis in Canada

Submission of the Canadian Association of Medical Cannabis Dispensaries
to the Task Force on Legalization and Regulation

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Executive Summary

The Canadian Association of Medical Cannabis Dispensaries (CAMCD) was established in 2010 to promote a regulated approach to medical cannabis access to ensure that high-quality care is available for patients across the country. CAMCD is dedicated to facilitating the transition of medical cannabis dispensaries into a legal framework.

CAMCD has developed thorough standards and a rigorous certification program to ensure safe, consistent and affordable access to cannabis. In 2015, the City of Vancouver incorporated the CAMCD Trade Membership into their bylaws regulating cannabis dispensaries.

At the core of our submission to the Task Force on Marijuana Legalization and Regulation is the inclusion of dispensaries as a legal source for medical and non-medical¹ use of cannabis, and the protection of access for medical patients. We also address the role of various levels of government in a legal framework.

Summary of recommendations:

In this document there are 12 recommendations, which elaborate on the three summary recommendations below.

1. **Create inclusive regulations** that allow existing industry participants to assume a place in a legal marketplace. This serves to both undermine the illicit market, and creates new economic opportunities for middle class Canadians.
2. **Ensure that patients' needs are met**, through continuity of community dispensary access, improved access through the extension of prescribing authority and measures to improve affordability.
3. **Remove cannabis from the CDSA**, and empower levels of government to fulfill their roles as laid out in the Constitution Act.

¹ Also known as recreational use, adult use, and elective use

I. Introduction

The Canadian Association of Medical Cannabis Dispensaries (CAMCD) is a non-profit Society that was established in 2010 to promote a regulated approach to medical cannabis access to ensure that high-quality care is available for patients across the country. CAMCD is dedicated to facilitating the transition of medical cannabis dispensaries into a legal framework. While our current focus is on medical cannabis access, CAMCD dispensaries are capable of transitioning to a broader legal regime.

CAMCD represents over 40 medical cannabis dispensaries across Canada, providing medical cannabis to thousands of Canadians in their local communities. CAMCD's membership includes Canada's longest-standing medical cannabis dispensaries. Collectively, CAMCD members have extensive experience with cannabis distribution in Canada. CAMCD has developed thorough standards and a rigorous certification program covering all areas related to distribution, with the goal of ensuring safe and consistent access to cannabis for people in medical need.

CAMCD is the only organization in Canada to publish a medical cannabis dispensary certification program, which includes strict adherence to Required Organizational Practices (ROP) and thorough Certification Standards.

In 2015, the City of Vancouver moved to regulate medical cannabis dispensaries, and the CAMCD Trade Membership was incorporated into the Medical Marijuana Related Use Development Permit (MMRU) Bylaws as a requirement for compassion club applicants. CAMCD has also been involved in the design and implementation of similar bylaws in other municipalities in Canada.

CAMCD has met with the federal government on multiple occasions and submitted formal responses and recommendations regarding the Marijuana Medical Access Regulations (MMAR) and Marijuana for Medical Purposes Regulations (MMPR)²: both federal medical cannabis programs have been found unconstitutional. These programs and the new Access to Cannabis for Medical Purposes Regulations (ACMPR) share a critical omission: a regulated dispensary system. In the Allard case, Judge Phelan stated that "...dispensaries are at the heart of cannabis access," and pointed out that the current unregulated dispensaries are a product of a federal program that is too restrictive.

In response to Task Force on Marijuana Legalization and Regulation discussion paper, CAMCD will focus this submission on the importance of including dispensaries in the new legal regime, on patient access to medical cannabis in Canada and appropriate government oversight. Within this, we will address the other elements relevant to a new system outlined in the Task Force's discussion paper.

² See Appendix 4 – CAMCD Comments on MMPR

II. Inclusion of Dispensaries

Today there are state regulated cannabis dispensaries in Washington, Oregon, California, Colorado, Nevada, Arizona, New Mexico, Illinois, Michigan, Maryland, New Jersey, New York, Rhode Island, Connecticut, Massachusetts, Minnesota and Washington DC. In Canada, dispensaries have been the preferred source of medical cannabis for over 20 years. During this time, they have been engaging in “principled non-compliance” in response to unjust laws and limitations to access for medical purposes. Previous government reports, patient advocacy groups and court decisions have recommended the inclusion of dispensaries in a legal regulatory framework.

The following points outline the rationale for including dispensaries in the distribution network for cannabis in the new legal regime.

1. Knowledge, Experience and Service

- CAMCD dispensaries responsibly serve adult patients, sharing their extensive knowledge around cannabis therapies for many conditions, and consulting with patients around strain selection, various modalities for consumption, appropriate dosages, and avoiding adverse reactions.
- CAMCD dispensaries provide onsite sales that allow for timely access, referrals to health and social services, social capital, and additional health care services.
- The experience, expertise and services developed for medical retail distribution is also necessary for, and can easily be adapted to, non-medical use in a broader legal regime.
- CAMCD’s Certification Standards include patient education, and individual plans and monitoring protocols. They do not require onsite pharmacists. Likewise, pharmacists are not involved in cannabis dispensing in any of the US states that have regulated cannabis dispensaries.
- Some states require training and/or certification of dispensary staff and management. For example, Colorado, has implemented a voluntary training program called the “Responsible Vendor Program”³ that ensures a minimum standard of cannabis related education and ongoing education of dispensary personnel. Something similar could be adopted in Canada to ensure consistency of knowledge amongst all dispensary personnel.

³ <https://www.colorado.gov/pacific/enforcement/licensees-marijuana-enforcement-division>

2. Contribution to Society

- Dispensaries are effectively small businesses providing local employment and supporting many communities across Canada.
- CAMCD dispensaries pay licensing, permit and inspection fees in municipalities that have established dispensary bylaws.
- CAMCD dispensaries employ many people, typically pay their staff above minimum wage, pay payroll taxes and offer employee benefit packages.
- As a result of the *R v Hedges* case⁴, dispensaries are required to pay GST on cannabis and cannabis related products, and PST on non-cannabis products.
- Several dispensary pioneers have received the Governor General of Canada's Queen Elizabeth II Diamond Jubilee Medal⁵, and dispensaries have been recognized by the Senate⁶ and recognized by the courts⁷⁸⁹.

3. Product Quality

- It is a misconception that all dispensary products are unsafe, due to their unregulated source of supply.
- Health Canada has prohibited testing facilities from providing services to dispensaries, yet CAMCD dispensaries have sought to have their products tested by accredited testing facilities to comply, as much as possible with federal standards¹⁰.
- CAMCD's Certification Standards address product quality, including quality control, production methods, storage and packaging. They also address inventory management and supply accountability.
- The production standards enacted in the MMPR/ACMPR for licensed producers are not necessary to produce safe, high quality cannabis products; nor are they well suited to produce these products in a cost effective and sustainable manner.
- Non-prohibitive production standards would allow for small scale growers to be included in the legal regime.

⁴ <http://www.theglobeandmail.com/news/british-columbia/unlicensed-medical-marijuana-sellers-must-still-pay-tax-appeal-court-rules/article28410110/>

⁵ <http://drugpolicy.ca/blog/2013/01/drug-policy-leaders-honoured-with-diamond-jubilee-award/>

⁶ http://www.parl.gc.ca/content/sen/committee/371/ille/rep/repfinalvol2part1-e.htm#Chapter_13

⁷ <http://www.canlii.org/en/ca/scc/doc/2015/2015scc34/2015scc34.html>

⁸ [http://cas-cdc-www02.cas-satj.gc.ca/rss/T-2030-13%20reasons%2024-02-2016%20\(ENG\).pdf](http://cas-cdc-www02.cas-satj.gc.ca/rss/T-2030-13%20reasons%2024-02-2016%20(ENG).pdf)

⁹ <http://www.canlii.org/en/bc/bcsc/doc/2009/2009bcsc429/2009bcsc429.html>

¹⁰ <http://healthycanadians.gc.ca/drugs-products-medicaments-produits/buying-using-achat-utilisation/cannabis-medical/access-acces/personal-production-personnelle/licensed-dealer-testing-analyse-distributeurs-autorises-eng.php>

4. Public Health and Safety

- CAMCD's Certification Standards require its member dispensaries to meet certain health and safety standards, including those for a healthy environment, safe conduct, security, and privacy measures.
- CAMCD's Certification Standards stipulate that patients must have reached the age of majority in their province or territory, or have the written consent of a parent or legal guardian. CAMCD members have never received a violation for selling cannabis to a minor.
- According to Colorado Department of Public Health & Environment the legalization of Cannabis (and the presence of dispensaries) has not increased youth access¹¹.
- Sales through liquor stores have not prevented Canadian youth from gaining access to liquor: 70% of Canadian youth consume alcohol, and only 22% consume cannabis¹².
- Cannabis is not sold in liquor stores in the United States. Offering cannabis products in liquor stores would send the wrong message to youth.
- The use of cannabis can be effective in reducing harm to people with alcohol and opiate addiction. To ask them to obtain their medicine in a liquor store would expose them to risk of relapsed addictions.¹³

5. Independent Small Business

- It is a misconception that all existing dispensaries have no respect for the rule of law.
- CAMCD's Certification Standards require member dispensaries to be in compliance with all municipal, provincial/territorial and federal regulations.
- Some dispensaries have received licenses from municipal governments.
- According to a submission made to this committee by the Canadian Drug Policy Coalition, the evidence suggests that despite the illicit nature of the current cannabis industry, it is actually dominated by otherwise law-abiding citizens, who want to participate in a legal market.
- Regular Canadians operating small business represent the bulk of the current multibillion dollar cannabis industry, and the federal government has an opportunity to bring them into the legal regime thus making good on their promise to support the middle class and lower the income gap.
- Consumer demand must be met in the regulated market or the unregulated market will continue to exist.

¹¹ <https://www.colorado.gov/cdphe/hkcs/reports>

¹² <http://www.ccsa.ca/Eng/topics/Marijuana/Marijuana-and-Youth/Pages/default.aspx><http://www.ccsa.ca/Resource%20Library/CCSA-Youth-and-Alcohol-Summary-2014-en.pdf>

¹³ <http://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-6-35>

Recommendations:

1. License and regulate CAMCD dispensaries for retail sale of both medical and non-medical use cannabis and cannabis products. Separate cannabis sales from the sale of alcohol.
2. Create an inclusive regulatory framework that allows for the lawful participation of as many existing industry stakeholders as possible, including dispensaries and producers. Include municipally regulated dispensaries in the legal regime, and allow dispensaries that are not yet operating under municipal bylaws to have an opportunity to apply for licensing. Support middle class Canadians who have created viable small businesses in the cannabis industry which provide employment, tax revenue, and economic development.
3. License more laboratories to test cannabis products to decrease testing time, promote competition and maintain affordability, and allow accredited testing facilities to perform testing on behalf of producers, processors and retailers.
4. Design reasonable quality control standards designed to achieve consumer safety while allowing small batch and outdoor production.
5. Support cooperation between CAMCD dispensaries and hospitals, universities, and governments to finance an ongoing research program to monitor patients, their cannabis therapies, and patient outcomes.

III. Protecting Patient Access

The recently published ACMPR, resulting from the Allard case, are an interim measure. It is as of yet unknown if the details of the legal regime will meet the medical needs of patients, and whether there will be a need for a separate medical regime. In either case, dispensaries will remain necessary to meet patients' needs. It is also important to address other barriers that patients have faced, including support from health care practitioners and affordability, as outlined below.

1. Patient Preference for Dispensaries

- Consumers in multiple international jurisdictions have “voted with their feet”: dedicated storefront dispensaries are the preferred source of cannabis.¹⁴
- In Canada, dispensaries have been the preferred source of medical cannabis¹⁵.
- The omission of dispensaries in the ACMPR is contrary to the advice of Judge Phelan, who in closing statement of the *Allard et al v. Canada* case, said that “dispensaries are at the heart of cannabis access,” and pointed out that the current unregulated dispensaries are a product of a federal program that is too restrictive¹⁶.
- Dispensaries are the only retail source of the full spectrum of cannabis products required by Supreme Court of Canada decisions.

2. Prescribing Authority

- Currently, one of the more serious barriers to patient access is obtaining support from health care providers, which are limited to physicians and nurse practitioners.
- Physician organizations are not supportive of medical cannabis, and not all provincial nursing colleges have given permission to nurse practitioners to prescribe cannabis.
- Cannabis is one of the 50 original healing herbs in Traditional Chinese Medicine¹⁷, and Naturopaths are trained in whole plant medicine. Thus cannabis falls within the scope of expertise of both these groups.
- CAMCD's Certification Standards require documentation of patients' medical conditions and related symptoms, and recommendation for use, from eligible health care providers including physicians or other health care practitioners that

¹⁴ <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881>

¹⁵ [http://www.cdnaiids.ca/files.nsf/pages/camps-summary-2014-english-pdf/\\$file/CAMPS%20Summary%20-%2004.07.2014%20-%20English.pdf](http://www.cdnaiids.ca/files.nsf/pages/camps-summary-2014-english-pdf/$file/CAMPS%20Summary%20-%2004.07.2014%20-%20English.pdf)

¹⁶ <http://www.theglobeandmail.com/news/british-columbia/marijuana-advocates-say-next-fight-is-legalizing-storefront-dispensaries/article28923818/>

¹⁷ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1082012/>

are legally permitted to prescribe medicine (herbal or pharmaceutical) and are members of a provincial college or other licensing body that has statutory authority to regulate their process. This may include Doctors of TCM, Naturopathic doctors and Nurse Practitioners, depending on the province.

3. Affordability

- Affordability is a key determinant of patient access to medical cannabis.
- According to a report by the Arthritis Society and Canadians for Fair Access to Medical Marijuana, based on average current pricing and dosage, medical cannabis patients may be paying upwards of \$500/month. Many patients live on limited incomes.
- Patient groups have identified some solutions for improving affordability, including removing federal sales tax since this policy is inconsistent with taxation on other prescription drugs.
- Both private and public Insurance coverage have also been identified as an avenue to reducing the cost of cannabis to patients.
- Allowing for a diverse array of legal producers will lead to competitive pricing, thus increasing affordability for patients.

Recommendations:

1. Respect patient preference for accessing cannabis through dispensaries.
2. Extend the right to prescribe or recommend cannabis to Naturopaths and Doctors of Traditional Chinese Medicine.
3. Initiate discussions with federal, provincial/territorial and privately administered drug benefits program to incorporate medical cannabis into existing drug benefit programs.

IV. Role of Governments

Medical cannabis production and distribution has remained largely under the sole control of the federal government since its original court mandated introduction. Moving forward with legalization of elective use offers a unique opportunity to integrate cannabis fairly with all levels of government that have been largely disenfranchised by the nature of the criminal code.

1. Taxation and Trade

- A phased approach to taxation that slowly levies provincial and federal sin taxes over time will encourage the inclusion of the grey and black markets into a regulatory framework and increase the likelihood of consumer buy-in. Tax rates should be relative to actual societal costs.
- Where possible, provincial portions of collected tax should remain within the provincial budgets and avoid entering federal general revenue. Revenues collected provincially could be earmarked for public healthcare spending, harm reduction support and consumer education. Federal tax revenues could be allocated to larger national health education initiatives.
- Interprovincial trade barriers should be discouraged. Free trade and market competition will be key driving factors in affordability and regulatory buy-in by consumers. CAMCD recommends following both the spirit and the letter of the Agreement on Internal Trade¹⁸ as signed in 1995. Cannabis presents a new opportunity to foster an innovative and competitive national industry free from internal trade barriers and restrictive anti-competitive quotas and restrictions.
- Medical use should be zero rated from all taxes and covered by provincial health care programs through existing billing structures and software solutions.
- Traceability software can be utilized to ensure accurate tracking of taxes, testing and chain of custody.

¹⁸ <http://www.ait-aci.ca/agreement-on-internal-trade/>

2. Regulatory Jurisdiction

- Leaving cannabis on the CDSA and continuing the use of criminal law to regulate cannabis, effectively removes traditional jurisdiction over property, civil rights¹⁹, and healthcare²⁰ from the provinces.
- A provincial regulatory framework that encompasses production, processing and retailing of cannabis for medical and elective use that does not frustrate²¹ the stated federal purposes would be ideal (See chart below).
- The provincial governments can each create or amend their own regulations to license and provide enforcement for production, processing, and retail much like Colorado²² while municipalities can continue to license cannabis facilities based on their current legal jurisdiction under their separate local government acts.
- The continued use of prohibitions (aside from operation of a motor vehicle while intoxicated) enforced by criminal sanctions against “serious marijuana offences²³” is not an effective method of achieving the government's stated objectives or positive public health outcomes.
- Parliament’s continued legislative authority to deal with cannabis distribution and retail on a regulatory basis should be limited to reasonable proscription²⁴ related to general matters of public health insofar as conduct “may cause injurious or undesirable effects on the health of members of society²⁵”.
- In the interest of affordability, provincial crown control over cannabis wholesale distribution is not recommended. In Washington State, the Liquor & Marijuana Control Board only monitors the movement of cannabis within the supply chain, it does not actually buy, sell or store cannabis as this requirement would add substantial additional costs to the price of cannabis to the end user

¹⁹ <http://laws-lois.justice.gc.ca/eng/const/> Constitution Act, 1867, s. 92(13)

²⁰ <http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0858-e.htm>

²¹ Moloney, at para. 18; see also Bank of Montreal v. Hall, [1990] 1 S.C.R. 121, at p. 154.

²² <https://www.colorado.gov/pacific/enforcement/marijuanaenforcemen>

²³ [http://healthy Canad ians.gc.ca/health-system-systeme-sante/consultations/legalization-marijuana-legalisation/document-eng.php](http://healthy Canadians.gc.ca/health-system-systeme-sante/consultations/legalization-marijuana-legalisation/document-eng.php) - see objectives

²⁴ Malmo-Levine, at para. 72; see also PHS Community Services Society v. Canada (Attorney General), 2010 BCCA 15, 314 D.L.R. (4th) 209, at para. 137, aff'd 2011 SCC 44, [2011] 3 S.C.R. 134.

²⁵ The Assisted Human Reproduction Act Reference and the Thin Line Between Health and Crime (2013), 22 Const. Forum 93, at p. 95

Role of Governments in Regulating Cannabis		
	Medical Use	Elective Use
Federal	<ul style="list-style-type: none"> • Maintain minimal production authority through amendments to the Excise Tax Act, Food and Drug Acts and Food and Drugs Regulations, Consumer Packaging and Labelling Act and Consumer Packaging and Labelling Regulations. • Place cannabis and all its derivatives in new regulations (Cannabis Products Regulations) enabled by the Food and Drugs Act. • Canadian Food Inspection Agency (CFIA) to enforce the above regulations as well as a common core set of standards for quality, testing, and reporting across the industry. 	
	<ul style="list-style-type: none"> • Zero rated taxation for medical and therapeutic use 	<ul style="list-style-type: none"> • Taxation appropriate to remain a viable alternative to the black market
Provincial	<ul style="list-style-type: none"> • Provinces to determine insurance cost coverage for medical use • Licensing authority for retail outlets • Zero rated taxation for medical use 	<ul style="list-style-type: none"> • Licensing authority for production facilities • Licensing authority for retail outlets • Licensing authority for processors
Municipal	<ul style="list-style-type: none"> • Licensing based on land use, distancing, zoning, signage, public safety 	<ul style="list-style-type: none"> • Licensing based on land use, distancing, zoning, signage, public safety

Note: Remove the Office of Controlled Substances under the Narcotics Control Regulations as governing authority over both Medical and Elective use

Recommendations:

1. Remove Cannabis entirely from the criminal law framework by striking it in all its forms from the CDSA (Controlled Drugs and Substances Act)²⁶.
2. Empower provinces, territories, and municipalities to utilize their existing regulatory powers granted to them under the Constitution Act²⁷. Interprovincial trade barriers should be discouraged²⁸.
3. Utilize a phased approach to taxation that slowly levies provincial and federal sin taxes over time at rates relative to societal costs.
4. Allow direct relationship between producers and processors/retailers where appropriate and adopt an industry-wide software solution for supply chain transparency, accountability, quality assurance and taxation.

²⁶ <http://laws-lois.justice.gc.ca/eng/acts/c-38.8/>

²⁷ <http://laws-lois.justice.gc.ca/eng/const/>

²⁸ <http://www.ait-aci.ca/agreement-on-internal-trade/>

V. Conclusion and Recommendations

The most effective strategy for a new legal regime that will meet the government's goals, is the creation of a regulatory framework that includes small independent businesses, particularly cannabis dispensaries. This strategy will undermine the illicit market, and provide middle class Canadians with new economic opportunities that will strengthen their communities and our society. Through this process, it is vital to protect patient needs and ensure affordable and consistent access. We also recognize an opportunity for the federal government to empower provinces, territories, and municipalities to assume their constitutional roles, and allocate revenues to the betterment of their constituents.

Our Recommendations Follow:

Inclusion of Dispensaries:

1. License and regulate CAMCD dispensaries for retail sale of both medical and non-medical use cannabis and cannabis products. Separate cannabis sales from the sale of alcohol.
2. Create an inclusive regulatory framework that allows for the lawful participation of as many existing industry stakeholders as possible, including dispensaries and producers. Include municipally regulated dispensaries in the legal regime, and allow dispensaries that are not yet operating under municipal bylaws to have an opportunity to apply for licensing. Support middle class Canadians who have created viable small businesses in the cannabis industry which provide employment, tax revenue, and economic development.
3. License more laboratories to test cannabis products to decrease testing time, promote competition and maintain affordability, and allow accredited testing facilities to perform testing on behalf of producers, processors and retailers.
4. Design reasonable quality control standards designed to achieve consumer safety while allowing small batch and outdoor production.
5. Support cooperation between CAMCD dispensaries and hospitals, universities, and governments to finance an ongoing research program to monitor patients, their cannabis therapies, and patient outcomes.

Patient Access:

1. Respect patient preference for accessing cannabis through dispensaries.
2. Extend the right to prescribe or recommend cannabis to Naturopaths and Doctors of Traditional Chinese Medicine.
3. Initiate discussions with federal, provincial/territorial and privately administered drug benefits program to incorporate medical cannabis into existing drug benefit programs.

Role of Government:

1. Remove Cannabis entirely from the criminal law framework by striking it in all its forms from the CDSA (Controlled Drugs and Substances Act).
2. Empower provinces, territories, and municipalities to utilize their existing regulatory powers granted to them under the Constitution Act. Interprovincial trade barriers should be discouraged.
3. Utilize a phased approach to taxation that slowly levies provincial and federal sin taxes over time at rates relative to societal costs.
4. Allow direct relationship between producers and processors/retailers where appropriate and adopt an industry-wide software solution for supply chain transparency, accountability, quality assurance and taxation.

CAMCD thanks the Task Force for reviewing this document, and looks forward to an ongoing and productive dialogue with government as we move toward a new legal regime for cannabis in Canada.

Appendix

Please see the attached documents:

1. **Barriers to Access for Canadians who Use cannabis for Medical Purposes.**
Highlights from: Barriers to access for Canadians who use cannabis for therapeutic purposes. (2014).
Belle-isle, I., Walsh, Z., Callaway, C., Lucas, P., Capler, R., Kay, R., Holtzman, S., Marshall, J., Stratton, T. & Woodworth, M. *International Journal of Drug Policy*, 25:691-699.

2. **CAMCD Certification Standards: Second Edition**

3. **Inclusion of Medical Cannabis Dispensaries in the Regulatory Framework: Submission of the Canadian Association of Medical Cannabis Dispensaries on the Amendments to Health Canada’s Marijuana Medical Access Regulations (July 30, 2011)**

4. **CAMCD Comments on the Proposed Marijuana for Medical Purposes Regulations (2013)**

5. **CAMCD Required Organizational Practices**

CAMCD  **ACDCM**
CANADIAN ASSOCIATION OF MEDICAL CANNABIS DISPENSARIES
ASSOCIATION CANADIENNE DE DISPENSARIES DE CANNABIS MÉDICAL