

APRIL
2023

CANADIAN WOMEN IN CANNABIS

BIAS & BARRIERS

SUBMISSION TO EXPERT PANEL CONDUCTING
THE *CANNABIS ACT* LEGISLATIVE REVIEW

CWIC

CANADIAN WOMEN IN CANNABIS
FEMMES CANADIENNES POUR LE CANNABIS

We acknowledge that these discussions are taking place across many First Nations, Inuit and Metis territories on whose land we have built an industry while excluding those communities from reaping the benefits of cannabis legalization.

A message from the founder

On behalf of Canadian Women in Cannabis (CWIC), I am pleased to present our submission to the Expert Panel; a review of the impact of the *Cannabis Act* on women and women-identifying people in the Canadian cannabis regime and a comprehensive set of recommendations to reform key elements of the *Cannabis Act*. Our submission represents the dedicated work of our CWIC Advocacy Team-Working Group: Hilary Black, Trina Fraser, Jacqueline Menezes and myself, as well as a CWIC Advocacy Team who were invited to consult on the final draft.

CWIC has authored this document as part of our ongoing contributions to the *Cannabis Act* Legislative Review. CWIC is a women-led, advocacy collective established in 2018, a unique entity focused on the inclusion and advancement of women in the Canadian cannabis industry. Our purpose is to provide a safe channel for Canadian women in cannabis; to connect, to share, to amplify and empower under our 4 Pillars of Advocacy: Justice, Diversity-Equity-Inclusion, Education and Sustainability.

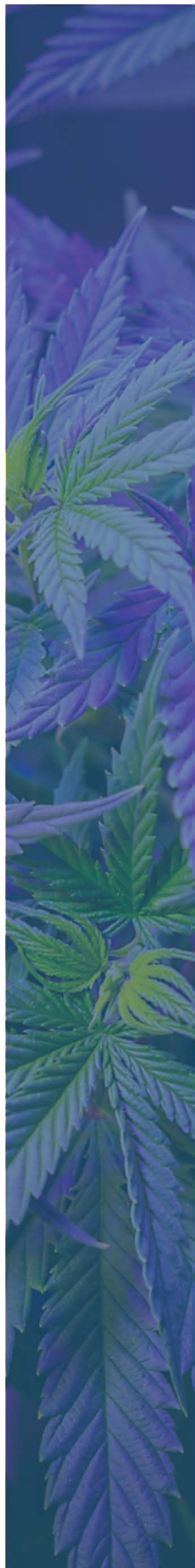
Its membership is inclusive of hundreds of partners and allies across Canada. CWIC's membership is diverse; lawyers, nurse practitioners, political advisors, entrepreneurs, educators, patients, mothers, executives, founders of the cannabis industry, government employees, cultivators, and artists. The women of CWIC represent all socio-economic classes, ethnicities and identities.

CWIC was invited to attend the launch of the *Cannabis Act* review in September 2022. During the follow-up meeting with the Expert Panel in January 2023, we proposed a full research review be conducted to capture the impact of the *Act* on women, women-identifying and BIPOC people and the barriers to their participation in this industry.

The Expert Panel invited CWIC to deliver a submission identifying issues and corresponding recommendations. The Advocacy Team-Working Group convened over the first three months of 2023 to research and prepare this submission. These recommendations are an initial response from CWIC. As an advocacy alliance, we look forward to a role as an effective resource for the Government of Canada when facing these and other emerging issues in the years ahead.

If you wish to learn more about CWIC and its advocacy work, I encourage you to visit canadianwomenincannabis.ca.

Sincerely,
Donna Johannson
CWIC Founder & President



Executive Summary

The passing of the *Cannabis Act* was an historic and momentous event, garnering widespread praise from citizens in Canada and around the world as Canada became the first G7 nation to legalize and regulate non-medical cannabis.

However, four years after legalization, experts across multiple disciplines agree that the *Act* contains a glaring omission that perpetuates the negative impacts of prohibition within the nascent cannabis industry's foundations and functionality. Canada fell short of acknowledging the racist and discriminatory history of prohibition and taking strong legislative measures to address the need for reparation. As a result, race-based stigma surrounding cannabis is responsible for the barriers to entry into the industry disproportionately affecting equity deserving groups, BIPOC communities and women.

The review of the *Cannabis Act* presents a tremendous opportunity to course-correct. This submission provides a roadmap for that correction. CWIC's topline recommendation is to expand the *Cannabis Act* to include the following purpose: Promote social responsibility and equity in relation to cannabis, with the aim of repairing the harms of the previous discriminatory prohibitionist policy.

This submission provides 19 recommendations in the following 4 themes:

- 1. Expand Section 7 of the *Cannabis Act* to include the following purpose:
(h) promote social responsibility and equity in relation to cannabis, with the aim of repairing the harms of the previous discriminatory prohibitionist policy.”**
- 2. Implement Justice Equity Diversity and Inclusion (JEDI) measures.**
- 3. Support economic advancement for women by fostering a viable industry.**
- 4. Remove ongoing barriers to cannabis-based patient care.**



Prologue:

Racist and Discriminatory History of Cannabis Prohibition

From the outset, it is critical to understand that the origin of cannabis prohibition in the United States and Canada is deeply rooted in racism and discrimination. The racist roots of cannabis prohibition can be traced back to the early 1900s with the U.S.'s passage of the *Marihuana Tax Act* of 1937. This act was directly aimed at Mexican immigrants who had recently crossed the country's southern border, as well as African-Americans. This effectively criminalized cannabis possession and use for all racial groups in the United States. Subsequent enforcement of cannabis laws by police created a massive racial disparity in arrests and mass incarceration rates. These impacts continue today.

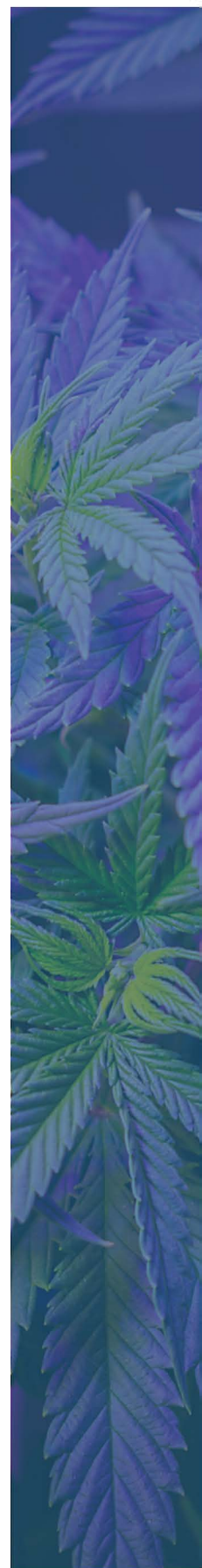
In Canada, in 1923, cannabis and hemp were added to the Opium and Drugs Act and became prohibited. Individuals from immigrant and Indigenous communities were disproportionately targeted for cannabis possession.

China and India have a very long history with cannabis dating as far back as 8500 BCE. The plant was used for a vast number of medicinal and industrial purposes. Today, the stigmatizing language and the deliberate disinformation that supported cannabis prohibition has created a disinclination within these communities to support cannabis initiatives, in order to avoid any position that would result in them being any more 'othered' than they already are. As a result, entrepreneurs from these communities, including women, who are looking for economic support, may encounter barriers to participation in cannabis business opportunities due to the lack of investment by their communities.

The devastating impact of historical prohibition on BIPOC communities, including immigrants and Indigenous peoples, continues to reverberate across generations. Over-policing, high incarceration rates and criminal records for cannabis convictions create barriers such as preventing access to schooling, housing, and business loans resulting in a generational deficit of resources in these communities.

The widespread criminalization resulted in profound loss of human and social capital in these over-policed communities.

This race-based stigma surrounding cannabis permeates the current language in the *Cannabis Act*, regulatory framework and political attitude toward the industry and cannabis consumers. It is the cause of the serious lack of both racial and gender diversity in the cannabis industry. This race-based stigma is the root of the barriers to economic development facing women and BIPOC communities addressed in this submission.



Prologue: Racist and Discriminatory History of Cannabis Prohibition

Stigma resulted in barriers to entry

In order to pass legislation to legalize and regulate cannabis through the House of Commons and Senate, the language in the Act had to be tolerable for the “tough on crime” members of government. The barriers to entry were designed to address the perceived risks of criminals entering the legal market and the diversion of a potentially harmful drug out of the regulated controlled channels. These unsubstantiated negative stereotypes and perceived risks are based in a prohibitionist mentality; which we now understand is based in racist discriminatory policy and not evidence-based.

The intense capital requirements to proceed through the licence application process created massive barriers not only for legacy market producers but for women and BIPOC entrepreneurs, including intensive security surveillance requirements, security clearance requirements, and the substantial capitalization required to build out a facility to completion before proceeding through the licensing process.

Stigma continues to create additional barriers for BIPOC and women-led companies, such as a lack of business loans from BDC or bank loans, which will be discussed in detail later in this submission.

Lack of access to capital

Research shows the lion's share of equity capital investment in Canada is still provided to companies led by white men. The Harvard Business Review article *Women-Led Startups Received Just 2.3% of VC Funding in 2020* states that a mere 2.3% of venture capital was channelled to women in 2020. Even less capital is provided to companies owned and led by women of colour.

The intense capital requirements to enter the legal cannabis market created an opportunity for mostly white male executives from venture capital, pharmaceutical, mining, tobacco and alcohol sectors to sweep ownership and leadership roles, reaping the financial benefits of the legal cannabis industry.

Lack of gender equity in cannabis industry today

Previously, the medical cannabis movement, including the civilly disobedient distribution of medical cannabis to critically and chronically ill Canadians, decades of advocacy, education and government relations, was the precursor to the legal medical and recreational industries. This movement was diverse and female-led. This demographic changed significantly with the inception of the *Marihuana for Medical Purposes Regulations (MMPR)* in 2013. Of the first twelve licensed producers, the vast majority of the C-Suite, executive level and board of director positions were filled by white men, as described in “How Diverse is Canada’s Legal Cannabis Industry?: Examining Race and Gender of its Executives and Directors” from the Centre on Drug Policy Evaluation, University of Toronto.



Prologue: Racist and Discriminatory History of Cannabis Prohibition

Individuals in these positions received significant compensation packages. The article “Canopy Growth Insiders Sell \$135 Million of Stock,” from October 2018, illuminates how 11 of men in leadership positions at Canopy Growth sold stock for proceeds of \$135 Million in the lead up to legalization. There are no women on this list. This is just one example of the imbalance we are collectively striving to correct with the review of the *Cannabis Act*.

Impact of gender imbalance on culture

These leadership positions, predominantly filled by men, held decision-making power that shaped the industry and its culture. Sadly, women today report a shocking level of sexual harassment, bullying and mindful exclusion in the workplace.

Over the last 7 years, incremental snails paced change has resulted in slightly improved diversity in industry leadership in a few companies. Today, women working in the industry and those utilizing the legal market face additional significant challenges. This submission will propose systemic solutions to those issues.

The current landscape

The current landscape is dynamic and transforming, but not for the better. Due to over-investment, over-expansion of facilities, and ambitious market projections that have not been realized, the bubble has popped; the industry is rebalancing and rightsizing.

This rightsizing must not obscure the glaring truth that there are significant structural and systemic issues within the *Cannabis Act* and the regulatory framework that must be addressed, or Canada will not have a viable cannabis industry, critical to achieving the current goals of the *Cannabis Act*.

The intersection of the rightsizing and rebalancing following the stock market bubble bursting with the impacts of the structural regulatory issues has resulted in devastating impacts. Thousands of jobs lost, and larger players are acquiring smaller players causing diminishing diversity in the market, and a race to the bottom on price. Only the largest companies with the deepest war chests will survive, weeding out smaller players that have a higher likelihood of being female and BIPOC owned.

Equally important, if left unaddressed, specific issues pertaining to the medical program will continue to leave many Canadian patients - some of the most vulnerable members of our society, many of whom are women, youth and children - in an unacceptable situation.



Recommendations:

This submission focuses on **4 themes and provides 19 corresponding recommendations** for legislative and regulatory revision in order to achieve the existing goals of the *Cannabis Act*. Implementation of these recommendations will evolve the cannabis industry into one that addresses race-based stigma, is viable, equitable, inclusive, supports patients and is safe for women.

- 1** **Expand Section 7 of the *Cannabis Act* to include the following purpose:**
“(h) promote social responsibility and equity in relation to cannabis, with the aim of repairing the harms of the previous discriminatory prohibitionist policy.”
- 2** **Implement Justice Equity Diversity and Inclusion measures.**
- 3** **Support the economic advancement for women by fostering a viable industry.**
- 4** **Remove ongoing barriers to cannabis-based patient care.**



Recommendations:

1

Expand Section 7 of the *Cannabis Act* to include the following purpose:

“(h) promote social responsibility and equity in relation to cannabis, with the aim of repairing the harms of the previous discriminatory prohibitionist policy.”

Expand the purpose of the *Cannabis Act* to include the following purpose: ‘promote social responsibility and equity in relation to cannabis, with the aim of repairing the harms of the previous discriminatory prohibitionist policy’.

Canada legalized cannabis with the goal of protecting young Canadians, keeping profits out of the hands of criminals, and reducing the burdens on police and the justice system associated with simple possession.

The Government publicly acknowledged disproportionate impacts on Indigenous communities but fell short of acknowledging the racist and discriminatory history of prohibition and the harmful stigma that history perpetuates. Dissolving this stigma, which continues to hinder the cannabis industry, is paramount to evolving into an inclusive and viable industry.

The addition of a crucial goal to the *Cannabis Act* that aims to address social responsibility and equity while acknowledging the racist history of prohibition would provide leverage to implement regulatory change and essential political communications. This would ultimately remedy the lack of equity and dissolve the barriers facing women and BIPOC communities from fully participating in the cannabis industry.

The expanded purpose would support a shift toward acknowledgment of inherent rights and sovereignty of First Nations, Inuit and Metis peoples within the revisions to the *Cannabis Act*. One essential aspect of this shift is acknowledging that the sovereign Indigenous cannabis market is distinct from the illicit or legacy cannabis market.

In recent weeks, the Government has, through numerous channels, requested recommendations to guide the advancement and transformation of the industry.

Justin Trudeau stated in a public forum on March 16th:

“Now that we’ve gotten the public health and safety stuff out of the way, or on the way, I think you’re right we should absolutely take a closer look at ‘okay, what do we do then to make sure this is a beneficial industry’.”



The Review Panel has asked CWIC:

“what role the government could have to facilitate greater involvement of women and women-identifying people in the industry”

Beyond the work of the Review Panel, advancing inclusivity and viability of the industry will require engagement from a number of federal ministries and Ministers across many departments.

- a. **Pursuant to the new overarching goal of the *Cannabis Act* described above, CWIC recommends the following communications and activities to advance equity and dissolve detrimental stigma.**
- These examples of beneficial actions would catalyze a shift in perspective, modernize commonly used pejorative language and enable support for the industry to achieve parity with other industries.
 - PMO’s office would issue a mandate statement illuminating his intention to address barriers to a viable, equitable industry; encouraging key Federal Ministers to learn about the historical race-based policy, use appropriate, non-stigmatizing language and take actions to reduce ongoing stigma and barriers.
 - Federal Minister of Finance would conduct a review of the current cannabis regulatory fee - which is only applicable to the cannabis industry - excise duty structure, the sharing of excise duty with the provincial governments, and consider implementing the revised duty structure which has been recommended by a chorus of industry experts.
 - Federal Minister of Agriculture would recognize cannabis publicly as an agricultural product, which would allow licensed producers and researchers to access funding and grants in parity with other recognized agriculture products.
 - Federal Minister of Small Business, Export Promotion and International Trade would publicly support cannabis as a legitimate business and work to remove regulatory barriers that keep BIPOC and women from starting and growing their cannabis businesses.
 - Federal Minister for Women and Gender Equality and Youth would publicly support the new equity related purpose of the *Cannabis Act* and assist BIPOC and women entrepreneurs in accessing government support programs including loans, grants and educational opportunities.
 - Federal Minister of Mental Health and Addictions would publicly acknowledge that cannabis can be used pharmacologically and therapeutically to manage the symptoms of many medical conditions, including mental health conditions, and can be a harm reduction tool in addressing certain substance use disorders, and support research into these uses.



b. **Include women, patient and BIPOC advocacy groups in the Industry Strategy Table under Innovation Science and Economic Development Canada.**

Once the Review Panel has completed its consultations and recommendations, the Industry Strategy Table will be the ongoing point of collaboration between industry and government to identify industry led solutions to impediments. Although it is not the standard for Industry Strategy Tables to include members of advocacy organizations, due to the issues laid out in this submission, it is critical that a wider variety of stakeholders are included to ensure that the cannabis industry evolves into one that is fair, accessible, viable and equitable.





“It doesn’t matter who you are, raising funds is definitely a challenge. Some investors—not all—but some, are very focused on male-run companies and are less open to funding female-owned companies.”

Ashley Athill, co-owner of HRVSTR, a micro cannabis producer in Ontario

Recommendations:

2 Implement Justice Equity Diversity and Inclusion (JEDI) measures.

While JEDI progress is sometimes propelled by genuine authentic desire from leadership for transformation, it is often pressure from key stakeholders - regulators, employees, investors and customers - that motivates sustained effort and investment into progress. In previous years, there was an acceleration of public commitments by cannabis companies to improve JEDI in response to stakeholder pressure. Sadly, however, as the industry faces challenging economic times, we see layoffs and the contraction of budgets negatively impacting this work.

- a. **Require or incentivise cannabis companies to disclose JEDI metrics, both quantitative demographic and qualitative data on employees' experience of inclusion. Health Canada could then aggregate and publish this data on a yearly basis. JEDI transformation begins with measurement and transparent disclosure of diversity data, tracking progress year over year.**

The Government of Canada legislated a *Cannabis Act* and regulatory framework which failed to consciously support the inclusion of women and BIPOC entrepreneurs and communities. CWIC respectfully submits that the Government carries an immense responsibility to address and correct this state of affairs. Requiring fulsome disclosure, or rewarding companies for disclosing, would illustrate the level of commitment held by the regulators; annually publishing this data would motivate leadership to track and disclose progress.

- b. **Create a center for cannabis licensing support within Health Canada for women.**

Similar to the Indigenous Navigator Service, provide ongoing support throughout the federal licensing process for female entrepreneurs.



Recommendations:

2 Implement Justice Equity Diversity and Inclusion (JEDI) measures.

- C. **Expand the 2-stage licence review process currently available to Indigenous affiliated applicants to other equity deserving applicants (women and BIPOC-led applicants).**

It is important to understand the sequence of events required to obtain a licence (for non-Indigenous applicants).

- First, the applicant must overcome the hurdle of accessing capital.
- Second, the facility must be built out.
- Third, the licence application process begins.
- Fourth, once the licence application is in process, the security clearance process can also begin.

Women and minorities, especially those transitioning out of the legacy market, face especially high barriers to entering the regulated market. Previously this submission addressed the disproportionate challenges women and BIPOC communities face in accessing capital; considerable capital is required to build a facility prior to proceeding through the licensing process.

This recommended change in policy would significantly de-risk the proposition of transitioning from the legacy to the regulated market and would support BIPOC and women to enter the regulated market.

The rationale for the sequence of this process was to weed out applicants that may not be able to acquire the necessary funding to complete facility construction and to preserve Health Canada resources needed to process these applications. This rationale needs to be reversed; barriers facing BIPOC and female applicants in accessing capital should be identified, as these are the groups requiring support.



Recommendations:

2

Implement Justice Equity Diversity and Inclusion (JEDI) measures.

- e. **Develop a grant program for organizations focused on supporting women entering and advancing in the cannabis industry.**

Currently, there is a dearth of funding available for women's organizations providing programs that incubate startups, mentor newcomers, teach leadership skill and support women to become successful in the industry. Developing a grant program would demonstrate a meaningful commitment to bringing balance to the gender inequality the industry is rife with.

- f. **Allow parents and legal guardians to access cannabis retail stores with young persons (under the age of 18) through embedding an exception to ss.17(2) and 17(3) of the *Cannabis Act* which only permits informational and brand preference promotional in cannabis retail stores if they are places "where young persons are not permitted by law."**

Most provinces and territories have chosen to prohibit young persons from entering cannabis retail stores, at least in part in order to permit informational and brand preference promotion within stores in accordance with Subsections 17(2) and 17(3) of the *Cannabis Act*. This creates an untenable situation for women, the majority of whom are primary caregivers of children. Mothers report to CWIC they often choose to purchase cannabis from the unregulated market so they do not have to leave their children unattended in a parked car. Leaving a child unattended is in fact prohibited by law in most provinces. Mothers unable to afford childcare while running errands are disproportionately impacted by this unjust regulation.

The risk of leaving a child unattended outside of a store or in a vehicle is far greater than the risk of a child being exposed to cannabis related promotional material. There is zero chance of accidental ingestion inside a retail location.

Note that minors attended by a parent or guardian are allowed in liquor and beer stores in Canada. Once again, this disparity is a clear illustration of the stigma perpetuated by the current regulatory framework.

- g. **Collaborate with CWIC and fund research to gather hard data on the levels of sexual harassment, bullying and mindful exclusion in the work place and identify existing programs to address these issues in other industries.**

Shockingly high levels of anecdotal reports indicate women in the cannabis industry are disproportionately impacted by sexual harassment and mindful exclusion when compared to other industries. This serious issue requires investigation to gather hard data, and subsequent solutions could be based on existing programs to address the same issue in other industries.



The background of the image is a dense field of cannabis leaves, rendered in a monochromatic blue and purple color scheme. The leaves are detailed, showing their serrated edges and central veins. The lighting is soft, creating a textured, almost ethereal appearance.

“While there is respect for women as knowledge contributors, this doesn’t always translate into seeing them as leaders. I see a lot of female QAs, for example, but not nearly as many CEOs. In an industry which has been built from investment, this may skew the odds against women-led companies.”

Sarah Roberts, President at CICATRIX LABS

Recommendations:

3 Support the economic advancement for women by fostering a viable industry.

The current fiscal environment is dire for the majority of women employed in the industry, entrepreneurs and those seeking opportunities to enter. Companies are laying off employees by the thousands, selling assets, investment capital (especially for startups) has vanished, capacity to mentor and incubate smaller companies exhausted.

Alternatively, cannabis could be a recession-proof industry, providing an opportunity for women to support themselves and their families during challenging economic times, providing hope and a path to financial resilience.

a. Adjust excise duty for dried cannabis (flowers and pre-rolls) to 10% of wholesale price.

The current excise duty structure of "the greater of 10% of wholesale price or \$1/g" plus the additional duty adjustment of 4 provinces is strangling the industry. It is estimated that the industry is \$100-200 Million in arrears on excise duty remittance, which in our view is symptomatic of structural and systemic flaws in the fundamental principles of the excise duty structure. Furthermore, the federal and provincial governments have assessed over a Billion dollars in excise duty over the first three years of legalization while the industry remains predominantly unprofitable. CWIC recognizes this revision of the excise duty structure will require consulting with and cooperation of the provinces, which could be complex.

This is the single most important recommendation the Review Panel could elevate to Parliament in order to renew viability in the industry and subsequently generate hope and resilience for female employees and entrepreneurs. We respectfully submit it is incumbent upon the Review Panel to do so.

b. Encourage Business Development Canada (BDC) to align lending criteria with the licensing regulatory framework to provide business grants and loans to cannabis businesses owned and led by women and BIPOC communities.

The BDC's lending criteria generally require companies to be revenue-generating for a period of time prior to being eligible for loans. Early-stage cannabis companies, who face intensive capital requirements in order to construct their facilities, do not meet the lending criteria when they require funding the most. Special programs for women and BIPOC entrepreneurs should be developed, incorporating a specific lending criteria structure which is congruent with the cannabis licensing regulatory framework.

c. Revise restrictions on branding and education to allow consumers to make purchasing decisions based on diversity of ownership.

The current restrictions on branding, packaging, labeling, promotion and sponsorship are hampering conscious consumerism. Many consumers will choose to support female and BIPOC-owned companies, however, the current restrictions on promotion (which prohibit depictions of people or the use of testimonials and endorsements) inhibit the ability of consumers to easily identify such companies.



Recommendations:

4

Remove ongoing barriers to cannabis-based patient care.

A significant number of patients continue to access the unregulated market to meet their medical needs because the regulated system poses too many challenges, including high costs due to taxation, barriers to obtaining a medical document, and difficulty navigating the structure.

a. **Build on previous meaningful patient engagement.**

In recent years, various government groups have done an excellent job at engaging with patients - the model exists. The *Task Force on Cannabis Legalization and Regulation*, including co-chair Anne McLellan, met with patients for a full day at the Arthritis Society Canada offices and allowed a collaboration of leaders from patient groups and industry to organize and lead the discussions based on their priorities. Health Canada, including Jacqueline Bodgen, then the Assistant Deputy Minister of the Controlled Substances and Cannabis Branch of Health Canada, met with that same patient group to consult on drafted legislation for legalization 2.0 when additional product formats were added to the regulated market.

The experienced advocates in CWIC's network can be relied on as a resource to support meaningful patient engagement.

b. **Abide by the promise of a separate and fulsome review of the medical regulatory framework.**

Patient engagement to date in the review of the *Cannabis Act* has been scant and limited. Health Canada must keep its promise to conduct a review of the medical cannabis framework in addition to the review of the *Act* currently underway.

c. **Remove Excise Duty on medical cannabis.**

Excise duty and GST on medicine is unethical and contrary to the spirit of the *Canada Health Act*. Cannabis is accessed through a medical document from a health care practitioner (HCP) which is akin to a prescription and should be treated as such from a tax perspective. Canada does not place excise duty or sales tax on prescription medicines and medical necessities, and the *Canada Health Act* protects the right to access prescribed medications. These taxes once again illustrate the stigma driving the existence of unprincipled policies. The excessive taxation is driving patients to the unregulated market, which in turn creates risk to proper medical oversight.



Recommendations:

4

Remove ongoing barriers to cannabis-based patient care.

d. **Include high-potency THC products in regulated markets.**

Patients have always required edible products containing more than 10mg THC. In particular, patients using cannabis to manage cancer symptoms and attempting tumor reduction are procuring potent products from the unregulated market. Creating access through regulated channels is imperative for patient safety. These products from the unregulated market can be sprayed with unapproved pesticides and produced with solvents and therefore be contaminated. It is difficult to accurately dose without lab tested potency information, and patients should be receiving medical guidance and support from their HCP, which is unlikely if the products are sourced illegally.

The cost of edible cannabis products can become inaccessible for patients seeking a THC dose higher than 10mg due to current restrictions on potency and packaging. To address this issue, Health Canada could consider offering larger package sizes to improve safety, accessibility and affordability.

Fear of these products based on youth poisonings is misconstrued. Recent studies highlighting an increase in hospitalization of children for accidental cannabis consumption since legalization have failed to include data on whether the cannabis at issue was obtained from licit or illicit sources. They have failed to take into account that the 'normalization' of cannabis as a result of legalization, coupled with stringent restrictions on regulated edible cannabis products (as well as the outright prohibition of certain edible cannabis products in Quebec) has led to a proliferation of illicit edible cannabis sales (in particular, via online websites) since legalization. The current market demand is creating an opportunity for unregulated producers to package potent products in a manner which appeals to children and is not child resistant. Regulated access abiding by restricted packaging regulations would support the public health and safety agenda.



Recommendations:

4

Remove ongoing barriers to cannabis-based patient care.

e. **Allow for pharmacy and dedicated medical retail.**

It is essential that all patients have equal access to medical cannabis. This should be available through pharmacies, dedicated medical retail stores, as well as the current mail order system and recreational stores.

Pharmacists should be trained to provide guidance on proper dosing, interactions with other medications and potential side effects.

Accessing cannabis through pharmacies also allows for more convenient and discreet procurement. For Canada's most vulnerable and marginalized patients who may not have credit cards, pharmacy access would allow cash purchasing as they are picking up other medications.

The stigma discussed throughout this submission prevents some patients from walking into a retail cannabis store. Pharmacy access would remedy that barrier. Many other jurisdictions, including Germany and the UK, have successfully distributed medical cannabis via pharmacies.



Recommendations:

4

Remove ongoing barriers to cannabis-based patient care.

- f. **Provide approved guidance for patients seeking medical advice from retail cannabis stores.**

Patients seeking medical advice often turn to employees at cannabis retail stores for information on safe dosing, modes of ingestion and strain selection. However, they are currently prohibited from providing medical guidance.

To address this issue, Health Canada could expand the *Consumer Information - Cannabis (Marihuana, marijuana) 2016-08-19* guide to include more detailed guidance on self-titration, the various modes of ingestion and product selection. This updated guidance document could then be made available through retail stores to fill the information gap for patients seeking medical advice.

Health Canada would then need to communicate that this type of guidance document is an acceptable and encouraged practice.

- g. **Create a streamlined pathway for Health Canada to approve cannabis as a drug or medicine to address affordability.**

An approved drug status would facilitate cost coverage by both public and private insurance plans, which often require a Drug Identification Number (DIN) for coverage. As with other prescription medicines, medical cannabis should be covered by provincial billing systems.

Based on average current pricing and dosage, medical cannabis patients, many of whom are on fixed income, bear costs upwards of \$500/month for their medicine. This constitutes an unreasonable financial burden.

Patients often report that they are sometimes or never able to afford to buy sufficient quantities of medical cannabis to relieve their symptoms, and that they often or always choose between cannabis and other necessities such as food, rent, other medicines because of lack of financial resources.

There are systems in place to insure approved medicines. Since cannabis was made accessible through the courts, and is now legislated, it's in a unique situation not shared by any other prescribed medication. Future regulation must provide a regulatory pathway for medical cannabis to be approved as a drug or medicine, allowing it to be eligible under existing drug formularies.



Conclusion: A Fair and Equitable Cannabis Industry for All Canadians

The legalization of cannabis in Canada was an historic moment that all Canadians can be proud of, demonstrating meaningful leadership on the global stage. However, four and a half years after legalization, the impacts of a glaring omission within the *Act* are clear - this omission perpetuates the negative impacts of prohibition - it is time to formally and legislatively acknowledge the racist history of prohibition and course-correct.

These 19 recommendations focused on promoting justice, diversity, equity and inclusion in the cannabis industry provide a pathway to ensuring the advancement of BIPOC communities and women in this field.

CWIC is committed to ongoing dialogue and collaboration to build a fair and equitable cannabis industry that offers opportunities for all Canadians, regardless of their gender or background.



Resources

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Acknowledgements

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