

Uncharted territory

Medical marijuana use in Ontario: a timeline

■ Dealing with just one issue—using medical marijuana in public—painted legislators into proverbial corner

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ONTARIO SEEMS TO HAVE become the Wild West of Weed. In anticipation of the legalization of marijuana by the Feds, expected in spring 2017, medical marijuana dispensaries have popped up all over the province, particularly in Toronto.

Some of the dispensaries have seen protests by citizens who don't want the stores in their neighbourhoods or near schools, some locations have been raided by the Metropolitan Toronto Police and city bylaw officers, and at least one outlet has been firebombed.

It has been reported that prescriptions for marijuana—for those clients who are, or who claim to be, dealing with pain or other medical issues—are, well, not too difficult to obtain.

And in Port Colborne, Ont., a licensed marijuana production facility was held up in the middle of the night. The police investigation into the robbery turned up the fact that the facility had been growing and shipping significantly more cannabis than its license permitted.

These are just a few examples of the kinds of problems faced by the cannabis industry, police, and government, and the unintended consequences solutions to these problems might create.

LEGISLATORS TIED IN KNOTS

One of the side issues related to marijuana use has been the number of implications related to consumption in public. The provincial Liberals quickly discovered they had dueling legislation on the order books when they tried to introduce restrictions against the use of e-cigarettes in public places while providing legislative protection for the rights of patients with marijuana prescriptions to lawfully vape marijuana in the same public places.

To help illustrate just how tricky such legislation can be, THE CHRONICLE OF HEALTHCARE MARKETING constructed the following timeline. It's a snapshot of the events relating to the proposed regulations, and demonstrates how rapidly the regulatory playing field can change.

Nov. 24, 2014: The Making Healthier Choices Act, 2014 was introduced and first read to the Ontario legislature. The Act would have three parts: it would require food service premises with 20 or more locations in Ontario to include information about calories on their menu; prohibit flavoured tobacco products from being sold in Ontario; and it would regulate electronic cigarettes in Ontario, similar to existing regulations for tobacco cigarettes.

May 26, 2015: After three rounds of readings and debates, the Making Healthier Choices Act, 2015 was passed by the government of Ontario, and called for the creation of laws that would prohibit the use of e-cigarettes in areas already designated non-smoking. At the time, Dipika Damerla, associate minister of Health and Long-Term Care said in a press release: "The passing of the Making Healthier Choices Act will protect Ontarians from the dangers of second-hand smoke, and protect our youth from tobacco products and e-cigarettes."

Nov. 23, 2015: The Ministry of Health and Long-Term Care announced specific regulations to implement the directives of the Making Healthier Choices Act, 2015. These regulations were to take effect Jan. 1, 2016, but specified that the Smoke-Free Ontario Act and the Electronic Cigarettes Act, 2015 did not apply to people smoking or using e-cigarettes to consume medical cannabis for medical purposes.

Nov. 25, 2015: Damerla spoke to the press on behalf of the Ministry to clarify the Ontario government's position. She said the Ministry had consulted broadly with the medical community and other health advocates in the development of the exemption. "The reality is this is about reasonableness," said Damerla at the press event. "This is about the fact that somebody who is very ill and may be in a lot of pain wants to use [medical marijuana]."

The regulations were written based in part on legal advice that there is no scientific evidence that second-hand marijuana vapour produced from an electronic cigarette has any health effects on bystanders, Damerla said. She also said she had been told that failing to provide an exemption for medical marijuana users could raise constitutional issues.

The new regulations would be written such that individual business owners could still refuse permission to inhaled medical cannabis users. "As an employer or a restaurant owner you can say 'there's no vaping, no smoking of medical marijuana here,'" Damerla told reporters.

Continuing to consume the inhaled product after being requested to stop would be a violation of the law, she said. However, the onus would be on the business owner to inform individuals they could not consume inhaled medical cannabis on the property, as well as to confirm whether the smoker had a legal permit to consume cannabis for medical reasons.

In a press release from Canadians for Fair Access to Medical Marijuana, founder and

director Jonathan Zaid said: "This is another important milestone in the recognition of the legitimacy of the use of cannabis as a medicine. Ontario has taken a huge step forward by exempting medical cannabis patients and their use of vapourizers."

"Many patients, including myself, choose to vapourize their medicine, and any prohibition on vapourizer use would have severely limited the ability of patients to use their medication as prescribed," said Zaid in the release. "We applaud the Ministry of Health for its receptiveness and response on removing the prohibition of medical marijuana vapourizer use from the Acts."

Nov. 26, 2015: Citing concerns from the public regarding second-hand cannabis smoke and vapour in movie theatres, restaurants, and other public places, the Ministry of Health and Long-Term Care backtracked, saying the exemption would be reviewed further. "We've heard the concerns around this regulation, and we're going to take this feedback and see if this regulation is the best way to move forward," Damerla told the press.

"I am aware of the concerns that have been voiced on the posted regulation," said Damerla. "We will evaluate this feedback and determine if this regulation is the best approach for Ontario. This regulation was based on consulta-

tions with the health community and medical marijuana users."

"I want to be clear this regulation applies to the vaping of medical marijuana only," Damerla said in a release. "We have heard from medical marijuana patient advocacy groups that users of medical marijuana may need to vapourize marijuana in emergency circumstances if they sense a seizure or other symptom of their illness about to occur. The intention of this regulation was to balance users of medical marijuana with establishment owners."

Nov. 28, 2015: Ontario Premier Kathleen Wynne, speaking to the press after the Ontario Liberal Party's provincial council meeting, said that she herself would be uncomfortable if someone sitting next to her in a movie theatre was vapourizing medical marijuana.

"We're going to go back to the drawing board on this regulation," Wynne said. "We heard the concerns and I have a lot of sympathy with the concerns that have been raised, even though this exemption exists in other jurisdictions."

Nov. 30, 2015: In a session of the Legislative Assembly of Ontario, Jeff Yurek, MPP Elgin-Middlesex-London, speaking in a response to the Ministry of Health and Long-Term Care, said "Mr. Speaker, I do have to point out this government at this time—I'm thankful for what they

have done with regard to helping improve the lives of people with lung health, but I do have to make mention that this government has to take the time and do the proper consultations and stop making changes behind closed doors.

"We saw a reference of that last week when the government made a regulation change allowing the vaping of medical marijuana without really dealing and concentrating and consulting with the various stakeholders. They realized their mistake. They realized they shouldn't be making decisions behind closed doors. They realized that they need to start consulting, and they pulled that regulation back," he continued.

"I hope they have learned their lesson and, going forward, as we bring forward the Lung Health Act down the road, that there's consultation with all stakeholders before we make the necessary changes so that we can have an Ontario that we are proud of, and an Ontario that breathes easier."

Dec. 16, 2015: In an interview with CBC News, Damerla said that while the Ontario government would proceed with those portions of the Electronic Cigarettes Act, 2015 that banned the sale of e-cigarettes to minors, they were delaying enacting laws that would control where and when adults could use their vapourization devices. The new

Marketing medical marijuana

Not what you might expect, according to industry veteran

Interest in medical marijuana both as a genuine therapy and a commercial concern continues to grow. Along with Canada, regular use of medical marijuana is legal in Germany, the Netherlands, Italy, Finland, Poland, Czech Republic, Chile, Uruguay and Argentina.

Peer review journals such as the *Canadian Medical Association Journal* have published articles on the use of medical marijuana and interest in the therapy is not only for the control of nausea but also for Tourette's syndrome, therapy resistant glaucoma, multiple sclerosis, neuropathic pain associated with HIV/AIDS, chronic pain and pediatric epilepsy.

Many hobby/recreational marijuana enthusiasts seemed to have thought that this could be a lucrative opportunity, which is likely why Health Canada has received over 1,200 applications to become a licensed provider (LP). However, commercial marijuana production is no hobby: The rules and regulations governing an LP are detailed and severe which explains why only 35 permits to date have been granted in Canada. Many of the LP's have pharmaceutical experience in manufacturing and quality control enabling them to cope with production concerns such as inter-lot variability. Since the LP's also provide medical marijuana directly to patients, many regulations are also in place regarding patient confidentiality, access to patient records, etc. All of these rules are under Health Canada's Marijuana for Medical Purposes Regulations (MMPR) (see <http://tiny.cc/zqdjfy>).

Although still in the early stages of market development, CAGR's of 25 to 30 per cent are common for most LPs, which is consistent with the 40 per cent annual growth rate in European demand (a supply challenge to importation). Average consumption per patient is 1.3 to 1.5 g per day. Prices per gram vary but an average annual value close to \$4,000 per patient is being realized in Canada. It is anticipated that the market for medical marijuana will be as much as \$1.4 billion annually by 2024.

Marketing of medical marijuana is not markedly different than Rx pharma promotion to physicians with sales forces, CME, advisory boards, patient advisory groups, peer review research and placebo-controlled studies. Many specialties are involved with the prescribing of medical marijuana, although primary care physicians in Canada are emerging as the major prescriber group.

While overall revenues are still relatively low for this emerging therapeutic area, the momentum of the medical marijuana market is significant.

—Lorne Markowitz, LORNE MARKOWITZ AND ASSOCIATES, MISSISSAUGA, ONT.

laws would be delayed until the government completed their review of the proposed exemption for medical cannabis had been completed, so that all laws regarding the use of e-cigarettes could be enacted at once. “We hope to bring that regulation into force very quickly and very shortly,” Damerla was quoted as saying.

Jan. 1, 2016: The Electronic Cigarettes Act, 2015 becomes active, though without the ban on e-cigarette use in designated smoke-free areas, and with the medical cannabis exemption. Both the ban and the exemption were still under review.

Shortly afterward, on Jan. 6, 2016, Philippe Lucas, Interim Executive Director of the Canadian Medical Cannabis Council, spoke with THE CHRONICLE OF HEALTHCARE MARKETING, saying he was optimistic that the Ontario government would find a solution that would still permit medical cannabis users to access the easily titrated, rapid-onset inhaled form of their medication while at the same time protecting the general public from the potential risk of bronchial issues from second-hand cannabis smoke.

“I think that we need to find and strike the right balance between not impeding patients from using medicine if and where they need to use it without significant discomfort either to themselves or others,” he said.

“I don’t think, for example, there is immediate need for patients to use medical cannabis within a movie theatre where they might be people nearby who might be affected by that use,” said Lucas. “But I can’t think of a reason why they wouldn’t be allowed to use that cannabis outside of the movie theatre or why it would be affected by any regulations or restrictions around smoking at that point.”

Mar. 10, 2016: The Ontario Ministry of Health and Long-Term Care announces amendments to both the Electronic Cigarettes Act, 2015 and the Smoke-Free Ontario Act that would prohibit the use of e-cigarettes and consumption of inhaled medical cannabis anywhere tobacco smoking was banned.

In a release from the ministry, Damerla said: “It is important to ensure that Ontarians are protected from second-hand smoke and from the potential dangers of e-cigarettes. That is why we are proposing these changes and we look forward to the upcoming consultations with our stakeholders.”

Sandra Gail Bowles was a child of the Parkdale neighborhood of Toronto, back in the austere post-World War II era, before Parkdale became the current hipsters’ paradise. When Sandra was growing up, it was a self-contained village within a city, where residents paid rent, walked to their jobs at the Cadbury chocolate factory or the National Cash Register plant, and worshipped among the Group of Seven paintings, murals and sculptures in St. Anne’s Church. Local fellows sometimes drank Dow beer and smoked Black Cat Number Sevens in the Gladstone or Drake hotels, which was regarded as an unwholesome activity for a workingman. Wives stayed home. Pineapple-upside-down cake was a delicacy; Wilson’s ginger ale at the Woolworth’s counter was a treat. It was a monochromatic childhood, set to Percy Faith music on CBC radio.

Sandra’s father worked for City Hall, as a safety inspector of the children’s rides at the nearby Canadian National Exhibition grounds. His daughter, an only child, became very popular with the neighborhood girls and boys for brief periods, when the prospect of accompanying Sandra for a free ride on the Flyer roller coaster was re-introduced at the end of each summer.

She finished high school and studied nursing at Women’s College Hospital, an 18-minute streetcar ride to somewhere culturally remote from where she grew up. She graduated in 1967, Canada’s Centennial year and the Summer of Yorkville Village, an approximation of Haight-Ashbury or Greenwich Village. The blocks surrounding Women’s College were not much like Parkdale, and had storefronts with signs that said The Colonnade, the Mynah Bird, the Penny Farthing, the Wreck Room discotheque, and the “elegant new” Sutton Place hotel.

Around that time, Sandra became Sandi, with an “i.” Married a man named Leckie, and they both quickly knew it wasn’t going to work out.

Left nursing — a job that will always wear you down, now as then — and took a sales position in the pharma business. She was good at it, in the way that trained nurses will apply their organizational skills and sense of humane purpose to tasks. Worked her way through the 1970s and early 1980s from bag-carrying positions at Parke-Davis into product management at Purdue-Frederick. Learned a bunch of things, including patient support programs, formulary and government stuff, career-survival during an era when women in the workplace were still being accepted by the old boys with bemused skepticism, or far worse. Out of the many duties a product manager might need to fulfill, Sandi really came to life when presented with responsibilities for advertising and marketing drugs. It matched her creative streak.

She took that talent and put it to work as an executive in the healthcare advertising business, with Terry Johnson, Rick Billingham and Dave Lindley at LBJ Advertising, and with Phil Diamond at Diamond Strategic Advertising. She might have been a model for several, if not all, of the characters in the “Mad Men” TV drama. She thrived in the *work-hard/play-hard* ethos of the ad biz, and elevated her peers through her unique attributes. She had been a good nurse because she was smart, diligent and empathic; she became a great healthcare marketer in part because she had been a good nurse.

In an environment where talent is capital, where outsized egos and personalities are a given, there were no surprises when Sandi determined she could create and run her own marketing company. She called it SpotLight Consulting, which will tell you something. Integrating her initials into the name made it clear who was in charge, but she balked at making the company eponymous. Sagely, the spotlight was reserved for making others look good.

SpotLight was an outstanding success in the late 1980s and early 1990s. Sandi became known around Toronto as the go-to person for marketing services, physician relations work, research projects, and the just-discovered universe of continuing medical education programs. She earned a reputation for instantly getting it, for offering creative enhancements, for delivering and then standing back to let the client take all credit for the success. One meaningful validation: Even her former employers made use of her new company for assignments, frequently on a private-label basis. Clients required her help in exotic European and American destinations, wherever medical meetings took place.

She did well enough at SpotLight to pay for a new townhouse in a quiet and orderly suburban neighborhood that might have been regarded as the anti-Parkdale. She gardened all spring and summer, began to plan Christmas decorations as soon as the fall flowers died, kept immaculate care of her home, planned and threw great parties in living color, set to Neil Diamond music on an expensive sound system.

However, many of the traits that made Sandi a superb person and businessperson could also be regarded as limitations. She was loyal in relationships, fiercely so, and in the commercial world this

is not always reciprocal. She was unhesitatingly generous, and some took advantage. She enjoyed working with and for her friends, and a couple of times disappointment resulted. She worked hard to be positive and encouraging (there, again, was that white-uniform training), and several may have chosen to take that optimistic reflex the wrong way, as something to be answered with cruelty. Her focus was on her clients, and not on her T2 Corporation Income Tax Return, and the thing is, you need to watch both.

SpotLight wound down around 2005, which was a painful process for Sandi, yet, paradoxically, a wonderful thing for one company, Chronicle, where she stepped into the role as Sales and Marketing Director. The benefit was twofold: she was a valuable resource to clients, and the Chronicle people also got to work with and learn from Leckie every day.

“I’m not young,” she warned on her first day in the new job.

“You aren’t old,” someone replied.

“That’s true,” she nodded, the nurse taking note of a clinical fact.

So, this is what the Chronicle people learned from the gift of spending time with her during the ensuing decade.

1. Be interested in people. Learn the name of the person who sells you your lottery ticket, and tell him your name. Find something you have in common.

2. While you’re at it, you might as well be kind. It takes less energy to be positive and helpful than it does to be an asshole, and occasionally something good might result.

3. It’s okay to love your work, to be good at it, to be smart and to take things seriously, especially if none of that stuff is fashionable. Look at it as a sneaky way of being a rebel.

4. The main thing is: Always be professional, because, you see, there isn’t any other way to be.

There were other instructions, naturally, but those all things fall under the categories of Business Strategies and Tactics, or Undergraduate Biology, or Stuff Already Described in Textbooks and on Websites. Leckie’s forte was well beyond any of those things. It will sound exaggerated, but she knew how to make policemen and authority figures disappear, just by smiling. Whoever did that? How was it even possible?

What was seldom obvious about her was how much of an effort it sometimes took for Leckie to be Leckie.

Remembering other people’s children’s birthdays and favorite meals, and being available to hear about other people’s bad day at the office, and spending money on little presents for those who might wonder why they were receiving gifts, all came at a personal price. She would recharge on a weekend at her friends Tom and Susan’s place in Muskoka, or for a couple of weeks in a rental apartment in Florida, or on an afternoon with a book in a folding chair at Cherry Beach. But it could not have been easy being Leckie 24/7, and it wasn’t. Through her most productive years, she found enjoyment in slot machines, and a glass of wine, and a cigarette to go along. That, too, was Leckie, though not the version of which she was most proud.

That Better Leckie was fascinated by everyday things, exhibiting both childlike wonder and adult charm.

She knew the charm was a magical commodity, but minimized it as her just need to “be terribly entertaining.” She beat the drinking, with courage, and for eight years helped a wide circle of people in her A.A. community. In the end, it was the cigarettes that got her, that stress-relief habit acquired back in nursing school. She died of lung cancer on August 14. A memorial will be held on November 8 from 1 to 4 pm, at the Florida Room of the Estates of Sunnybrook in Toronto. A fund is being established in her memory to enable children with severe skin diseases to attend a summer camp, Camp Liberte. If you’d care to contribute, please write to: health@chronicle.org.

It will astonish no one who knew her that she worked to her final day to plan every element, every last detail of her own memorial event, because it meant everything to her to think that her friends would be happy and think well of her.

Well, of course, she did. Of course, she did.

Of course, Sandi Leckie would.