

Medical Cannabis Club of Guelph

Application Package 1 – Authorized by medical practitioner: Form B1

The Medical Cannabis Club of Guelph Inc. (MCCG) was established in 2006. We provide information regarding the medicinal use of cannabis and offer a safe and dependable source of medicine for patients who have the support of their physician.

Cannabis has been used effectively for thousands of years in the treatment of various medical conditions. Cannabis has been shown to be safer and more effective than many pharmaceutical pain relief treatments while presenting less physical dependence issues.

Research has shown that cannabis can alleviate the symptoms of numerous chronic illnesses including but not limited to multiple sclerosis, spinal cord injury/disease, cancer, HIV/AIDS, severe arthritis, and epilepsy¹.

Canadians have shown that they overwhelmingly support the right of patients to access cannabis for medicinal purposes. A general population survey conducted in 2000 by the Centre for Addiction and Mental Health, published in the Canadian Medical Association Journal, revealed that approximately 2% of the Canadian population reports using cannabis for medical purposes². In July 2006, a Maclean's magazine poll found 93 per cent of Canadians support “the legal use of marijuana for medicinal purposes”³.

Health Canada's *Marihuana Medical Access Regulations* (MMAR) came into force in 2001 as a result of *R. v Parker*⁴. While the federal government licenses patients and production facilities, it is associations such as the MCCG that facilitate the day-to-day needs of patients in the form of support and training on safe and effective use. By signing this form and faxing it to the MCCG, the physician is providing the patient with authorization to access cannabis from the MCCG for a period of up to 1 year.

Membership with the MCCG can be obtained using one of the three application forms:

- 1) Form B1 – For MS, HIV/AIDS, cancer, epilepsy, spinal injury/disease, arthritis
- 2) Form B2 – For any condition not listed on Form B1 (patient must see specialist)
- 3) Limited Membership – Any condition, can be signed by a medical practitioner.

Note: in all cases the MCCG will phone the physician's office to confirm the diagnosis. After signing, the physician should fax the files to the MCCG, retain a copy, and leave the original pages with the patient so they can complete their Health Canada application.

The MCCG strives to be transparent, accountable and professional. Our conveniently located downtown dispensary is wheelchair accessible, patients can pay using cash, *Interac* or prepaid Visa/MC. The MCCG can service remote communities via our mail order program. The MCCG is a proud member of the Guelph Chamber of Commerce, the Ontario Chamber of Commerce and the Downtown Guelph Business Association.

¹ Health Canada, Form B1 of the *Marihuana Medical Access Regulations*

² CMAJ, June 13, 2000; 162 (12). Alan C. Ogborne. <http://www.cmaj.ca/cgi/content/full/162/12/1685>

³ Maclean's Poll 2006: http://www.macleans.ca/article.jsp?content=20060701_130104_130104

⁴ *R v. Parker*: <http://www.ontariocourts.on.ca/decisions/2000/july/parker.htm>

PHYSICIAN GUIDELINES FOR MMAR FORMS

The following text is a collection of excerpts from the guide “Physician Role in the MMAR Process” prepared by Caroline Ferris, MD, CCFP, FCFP for the Canadian Consortium for Investigation of Cannabinoids (Jun/09). The complete guide and additional resources can be found on the CCIC website at <http://www.ccic.net/index.php?id=107,0,0,1,0,0>

WHAT IS THE MMAR PROGRAM?

The *Marihuana Medical Access Regulations* (MMAR) provide for the legal possession and growing of marijuana (cannabis) for patients who find it beneficial for relief of various symptoms. It is a program administered by Health Canada, and has been in existence since 1999.

IS THERE ANY EVIDENCE THAT CANNABIS IS AN EFFECTIVE MEDICATION?

Yes. Research on cannabinoids and the endocannabinoid system has exploded in recent years. Marijuana has shown efficacy for the nausea and anorexia associated with cancer chemotherapy and HIV chemotherapy, as well as for the pain associated with spinal cord injury, severe arthritis, and multiple sclerosis. Epilepsy and glaucoma are two other common diagnoses for which cannabis has shown benefit. Cannabis and its derivatives is part of the therapeutic armamentarium in palliative care. There are now three commercially available preparations derived from cannabis, produced by pharmaceutical companies.

SHOULDN'T I JUST PRESCRIBE THE COMMERCIAL PRODUCTS?

By all means, a trial of the commercially available preparations is advisable for selected patients. However, many patients are already using herbal cannabis with good benefit, and signing an MMAR for them protects them against legal difficulties. In addition, many people prefer to use herbal remedies rather than pharmaceuticals. Another consideration is cost: commercial products are a benefit under most provincial plans, but are still very expensive for those who do not have full coverage or extended benefits. It is much cheaper for patients to grow their own medicine!

IS MY COLLEGE AGAINST CANNABIS?

The BC College of Physicians and Surgeons' recommendation, as well as the CMPA position, is that physicians may prescribe marijuana if they feel comfortable with it. The MMAR forms are a confidential document between Health Canada, the physician and the patient. The information is not shared with the College or with the RCMP. No doctor has ever gone to court or faced prosecution for filling out a form or for prescribing medical cannabis.

PROPOSED DAILY AMOUNT:

Calculating the dose can be done by determining how much the patient currently smokes. One could ask the patient how much they bought last time and how long that amount lasted; for example if they bought an ounce (approx. 30 grams) and it lasted a month that is one gram a day. An average cannabis cigarette ranges from 0.5 g to 1.0g, so 3 cigarettes a day would weigh a maximum of 3 grams. Health Canada does allow up to 5 grams a day under most circumstances. HIV patients tend to smoke more than that, and Health Canada may allow up to 10 grams a day for these patients.

Additional information for health care professionals is available on the Health Canada website: www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html

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Cannabis has been shown to be effective in the treatment of many conditions. It is up to the physician to determine if cannabis is an appropriate treatment for a particular condition. The MCCG does not advise or otherwise interfere with the doctor-patient relationship. Below is a list of diagnoses with accompanied symptoms that have been treated by cannabis. The MCCG may refuse any patient on a case-by-case basis.

List of Symptoms Alleviated By Cannabis Use:

Nausea Chronic Pain Muscular Spasms Loss of Appetite Weight Loss

International Classification of Diseases 9 – CM 1996 Chronic Conditions Treated With Cannabis; Encountered Between 1990-2001 Copyright 2001 Tod H. Mikuriya, M.D.

Epilepsy	Amyotrophic Lateral Sclerosis	Irritable Bowel Synd. 564.1
AIDS Related Illness 042	Other spinal cord disease 336	Pancreatitis 577.1
Post W.E. Encephalitis 062.1	Syringomyelia 336.0	Prostatitis 600.0
Chemotherapy Convales V66.2	Reflex Sympathy Dystrophy	Endometriosis 617.9
Radiation Therapy E929.9	Multiple Sclerosis 340.0	Premenstrual Syndrome incl cramps
Viral Hepatitis A B C D and E, chronic	Other CNS demyelinating 341.	Menopausal syndrome 627.2
Lyme Disease 088.81	Hemiparesis/plegia 342	Psoriatic Arthritis 696.0
Reiters Syndrome 99.3 (reactive)	Cerebral Palsy 343.9	Lupus 710.0
Post Polio Syndrome 138.0	Quadriplegia(s) 344.0x	Scleroderma 710.1
Testicular Cancer 186.9	Paraplegia(s) 344.1x	Dermatomyositis 710.3
Adrenal Cortical Cancer 194.0	Epilepsy(ies) 345.x	Arthritis, Rheumatoid+ 714.0
Brain malignant tumor 191.	Grand Mal Seizures 345.1	Felty's Syndrome 714.1
Lympho reticular ca 200	Jacksonian Epilepsy 345.5	Arthritis, Degenerative 715.0
Myeloid leukemia 205	Migraine(s) 346.x	Arthritis, post traumatic 716.1
Diabetic Gastroparesis 250.6	Migraine, Classical 346.0	Arthropathy, Degenerative 716.9
Diabetic neuropathy Porphyria 277.1	Cluster Headaches 346.2	Ankylosis 718.5
Amyloidosis 277.3	Tic Doloroux 350.1	Multiple joints pain 719.49
Autoimmune disease 279.4 (specify)	Bell's palsy 351.0	Sciatica 722.1
Schizophrenia(s) 295.x	Thoracic Outlet Synd 353.0	IVDD Cerv w Myelopathy 722.71
Major Depression, Recurrent 296.3	Mononeuritis lower limb 355	Cervical Disk Disease 722.91
Bipolar Disorder 296.6	Charcot-Marie-Tooth 356.1	Cervicobrachial Syndrome 723.3
Anxiety Disorder 300.00	Neuropathy 357	Lumbosacral Back Disease 724.
Obsessive Compulsive Dis. 300.3	Muscular dystrophies 359	Spinal Stenosis 724.02
Dysthymic Disorder 300.4	Macular Degeneration 362.5	Peripheral enthesopathies 726
Tic disorder unspec 307.20	Glaucoma 365.23	Tenosynovitis 727.x
Tourette's Syndrome 307.23	Drusen of Optic Nerve 377.21	Muscle Spasm 728.85
Bulimia 307.51	Optic neuritis 377.30	Fibromyagia/Fibrositis 729.1
Tension Headache 307.81	Cystic Fibrosis 518.89	Scoliosis 754.2
Post Traumatic Stress Dis. 309.81	T.M.J Syndrome 524.60	Spina Bifida Occulta 756.17
Brain Trauma 310.9	Peptic Ulcer/Dyspepsia 536.8	Osteogenesis imperfecta 756.51
Huntingtons Disease 333.4	Colitis, Ulcerative 536.9	Nail patella syndrome 756.89
Restless legs syndrome 333.99	Pylorospasm Reflux 537.81	Mastocytosis 757.33
Friedreich's Ataxia 334.0	Regional Enteritis & Crohns	Marfan syndrome 759.82
Cerebellar Ataxia 334.4	Colitis 558.9	
Spinal atrophy II 335.11	Colon diverticulitis 562.1	

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Release of Confidential Information – Please ensure both the physician and the MCCG have a photocopy of this page on file

Date: _____

I, _____ (Patient's Name), do hereby grant permission for the release of my confidential medical information to the Medical Cannabis Club of Guelph (MCCG). I give permission for the Physician noted below to verify my medical status with a staff member of the MCCG by telephone. The MCCG agrees to use this information for the sole purpose of determining eligibility and also agrees to keep this information strictly confidential.

Signature of patient: _____

Physician's name: _____

Physician's phone number: _____



Form B1

Medical Practitioner's Form for Category 1 Applicants

This form is to be completed for *Category 1 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province **and** who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until **all** appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

B1-1 Information on Medical Practitioner

Medical practitioner's full name:

Provincial medical licence number:

STAMP (IF AVAILABLE)

Medical specialization (if applicable):

Business Address:

Suite Number:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

B1-2 Medical Condition and Symptoms

Applicant's full name: last / first / middle

Date of Birth: year / month / day

Telephone: ()

Details on medical condition(s) and symptom(s)

Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS							
EPILEPSY							

OR

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):**

Medical Condition(s) and Symptom(s):

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B1-3 The Proposed Daily Amount

Health Canada’s examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marihuana is less than or equal to _____ grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
- Inhalation Oral
-

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B1-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

Name:

B1-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided below.

- i. a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.

MEDICAL PRACTITIONER'S SIGNATURE

PRINT NAME

DATE

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until **ALL** appropriate forms are received.
5. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: