

The Arthritis Society and Canadians for Fair Access to Medical Marijuana (CFAMM) pre-budget submission (2018)

August 4, 2017

Dear Sir or Madam,

On behalf of The Arthritis Society and Canadians for Fair Access to Medical Marijuana (CFAMM), thank you for the opportunity to provide input on the federal government's 2018 budget.

In budget 2018, we believe the federal government has an important opportunity to improve the lives of Canadians living with arthritis by investing in research and Canadian clinical trials into the therapeutic benefits of cannabis.

The following is a summary of our pre-budget submission:

- There is an enormous deficit of properly funded research and Canadian clinical trials into the therapeutic use of medical cannabis. This has created substantial access barriers for patients.
- We are asking the federal government to commit **\$25 million over five years to support medical cannabis research**. This money should be allocated to fundamental research (\$8 million), clinical research (\$12 million), and health service and policy (\$5 million).
- This ask is aligned with the federal government's budget 2018 priorities of competitiveness and productivity in the following ways:
 - **Competitiveness:** Investment in medical cannabis research can help address Canada's lagging research competitiveness – a conclusion from the 2017 Naylor report¹ – by unlocking Canada's potential to become a leading center of research in this important and emerging therapeutic area.
 - **Productivity:** Investing in medical cannabis research can lead to better pain management for arthritis patients. This will help remove some of the barriers to participating more fully in the workforce for the 2.75 million working age people in Canada who live with arthritis. It will also address the impact of arthritis on the Canadian economy – an estimated \$33 billion each year on health care costs and lost productivity.

¹Naylor et al., [Investing in Canada's Future: Strengthening the Foundations of Canadian Research](#), 2017

BACKGROUND

Arthritis impacts over 4.6 million Canadians in many forms. Nearly 3 out of 5 people living with arthritis are working age (2.75 million people in total). Arthritis patients resoundingly identify pain as the dominant chronic symptom of arthritis and are keenly exploring ways to manage their pain. While there is no cure for the disease, there are a range of effective treatments that can help patients manage their pain and lead productive lives. One of those treatments is medical cannabis. People who live with arthritis increasingly rely on medically prescribed cannabis to help manage the inflammation and pain associated with the disease. In fact, according to Health Canada, 65% of patients authorized to possess medical cannabis were diagnosed with “severe arthritis” as of June 2013, and this remains a significant group for medical cannabis under the current regulations.

Although Health Canada has permitted access to medical cannabis authorized by a physician for a number of years, there remains an enormous deficit of properly funded research and Canadian clinical trials into its use. This creates barriers to patient access as many physicians express reluctance to authorize medical cannabis in the absence of robust, peer-reviewed research. The lack of scientific and clinical research on medical cannabis has also been cited by Health Canada as a key reason why medical cannabis is not regulated as a therapeutic product.² This has affected the ability of patients to access medical cannabis through their public, private or employer-sponsored health plans.

RECOMMENDATION: \$25 MILLION OVER 5 YEARS FOR MEDICAL CANNABIS RESEARCH

As the federal government examines options for legalization of cannabis for non-medical/recreational use, the need is growing to increase scientific, clinical and policy research with respect to users of medical cannabis. There is an ongoing groundswell of support for greater research, including from the President of the Canadian Medical Association, Dr. Cindy Forbes, who called on “Health Canada and research agencies to fund the scientific research needed” to provide evidence for medical cannabis.³

Experts and researchers have identified several key scientific, clinical and health services and policy research priorities for the therapeutic use of medical cannabis. These priorities emerged from The Medical Cannabis Research Roundtable, a conversation facilitated by The Arthritis Society in December 2015 to align on necessary research priorities to help those living with pain, inflammation and the associated mental health conditions related to chronic disease.⁴

Based on those discussions, we believe that the federal government should: **commit \$25 million over five years to support medical cannabis research.**

This money should be used to support the following medical cannabis research priorities:

Fundamental Research into Medical Cannabis: (\$8M)

- Drug-to-drug interactions
- Mechanisms of action of cannabis in different chronic diseases
- Interactions between medical cannabis and the endocannabinoid system
- Cannabis metabolism and systemic distribution
- Identification and testing of individual cannabis chemicals and their contribution to the entourage effect

² [Marihuana for Medical Purposes Regulations](#), Canada Gazette II, Vol. 146, No. 50, December 15, 2012

³ Carly Weeks, *Medical marijuana: [Does research back up claims of therapeutic benefits?](#)*, The Globe and Mail, July 28, 2016

⁴ The Arthritis Society, [Clearing the Air: Summary Report of the Medical Cannabis Research Roundtable](#), 2016

Clinical Research (\$12M)

- Safety of long-term medical cannabis use
- Efficacious dosing regimens
- Modes of delivery
- Observational trials on cannabis effectiveness in different disease conditions

Health Service & Policy (\$5M)

- Implications for medical cannabis use on the general health of the population
- Identification of the most effective and equitable ways to access medical cannabis
- Best practices tools to help inform clinicians and patients using medical cannabis
- Pharmacoeconomic/cost-benefit analysis of medical cannabis use

We are confident that the current Canadian research community is sufficient to support the proposed research.

LINK TO BUDGET 2018 PRIORITIES

Competitiveness

The 2017 report *Investing in Canada's Future: Strengthening the Foundations of Canadian Research* (a.k.a. the Naylor report),⁵ observed that Canada's global research competitiveness has eroded in recent years when compared with international peers. The government commissioned study highlights a lack of federal funding for basic research as one of the reasons why other countries are passing us by. To address this, the report recommends that the federal government increase annual spending on research-related activities by \$1.3 billion over the next four years.

The government's planned legalization and regulation of cannabis represents an unprecedented opportunity to address the Naylor report's conclusions and turn the tide on Canada's lagging research competitiveness by making investments in medical cannabis research. Due to its strong research and production infrastructure, Canada is well positioned to become a global leader in this space. Now is the time to send a strong signal to the international community that Canada will be the most attractive location for research and investment in this important and emerging therapeutic area. This will help stimulate Canada's economic growth and competitiveness, and help unlock significant untapped research potential.

Productivity

The impact of arthritis on the Canadian economy in health care costs and lost productivity is immense – it is estimated to be \$33 billion each year, or 2.7% of our annual gross domestic product.⁶ Approximately 2.75 million working age people in Canada live with arthritis. Due to the nature of the disease, many arthritis patients experience episodic disabilities as their symptoms become uncontrolled, during which time they are unable to work and have a poorer quality of life. If this issue is not adequately addressed, the economic burden could more than double by 2040.⁷

Investing in research into the therapeutic use of medical cannabis can help increase Canada's productivity by helping arthritis patients optimize the use of medical cannabis to manage their symptoms. Reducing patients' arthritis symptoms will help remove barriers to participating more fully in

⁵Naylor et al., [Investing in Canada's Future: Strengthening the Foundations of Canadian Research](#), 2017

⁶ Arthritis Alliance of Canada, [The Impact of Arthritis in Canada: Today and over the next 30 years](#), 2011

⁷ Ibid.

the workforce, boost workplace productivity, reduce absenteeism and directly contribute to employers' bottom lines. This will have a positive impact on the Canadian economy, reduce the burden on the healthcare system, and improve patients' quality of life.

Respectfully submitted by:

The Arthritis Society
Janet Yale, President & CEO
393 University Avenue, Suite 1700
Toronto, ON M5G 1E6
Phone: (416) 979-7228 / Toll-Free: 1-800-321-1433
Email: info@arthritis.ca

Canadians for Fair Access to Medical Marijuana (CFAMM)
Jonathan Zaid, Founder/Executive Director
50 Westmount Road North
PO Box 22009, Westmount PO
Waterloo, Ontario, N2L 6J7
Phone: (416) 837-5972
Email: jzaid@cfamm.ca

ABOUT

The Arthritis Society is Canada's principal health charity providing education, programs and support to the over 4.6 million Canadians living with arthritis. The Arthritis Society conducts research to better understand the impact of arthritis, advocates for progressive arthritis policies, works with stakeholders to promote appropriate standards of care and deliver educational programs to empower those living with arthritis to self-manage their disease.

Canadians for Fair Access to Medical Marijuana (CFAMM) is a national, non-profit, patient-run organization dedicated to protecting and improving the rights of medical cannabis patients. Founded in 2014, CFAMM's goal is to enable patients to obtain fair and safe access to medical cannabis with a special focus on affordability, including private and public insurance coverage.