

## Bud light with your Bud Light?

**A**re you ready to order?”  
 “Everything looks delicious, but I think I’ll go with the chef’s tasting menu.”

“Can I interest you in the cannabis pairing to heighten your meal experience?”

On 17 October 2018 marijuana will become legal and will join alcohol as a recreational drug available to adult Canadians. Through an extensive and exhausting search (I Googled it) I discovered that the legislative framework for non-medicinal cannabis use is outlined in the Cannabis Control and Licensing Act. The Liquor Distribution Branch will be the wholesale distributor of non-medicinal cannabis in BC and will run the provincial cannabis retail stores. The Liquor and Cannabis Regulation Branch will also be responsible for licensing and monitoring private non-medicinal cannabis stores.

I gleaned the following facts from the Cannabis Control and Licensing Act and can’t help but make some parallels to alcohol consumption in our province. Adults may possess up

to 30 grams of cannabis in a public place. If we assume half a gram per joint, that is the equivalent of carrying around five cases of beer or 10 bottles of wine. The Act prohibits cannabis use where smoking is prohibited, plus other places where children commonly gather. It doesn’t say anything about walking down the street or toking up outside office buildings, stadiums, theatres, etc. In contrast, I’m pretty sure I’m not allowed to start chugging my wine in these locations. According to the Act, adults may grow up to four marijuana plants per household, but not if they have a day care. Notably, there isn’t a law that prohibits “Toddler Care R Us” from getting their children to make homemade wine. I discovered that the Motor Vehicle Act has also been amended and a driver can be suspended by a DRE for suspected marijuana use (your prostate is a little big, so give me your keys). DRE in this case stands for “drug recognition expert.” The police bring in Cheech or Chong to look you in the eye and exclaim, “Dude, you are so stoned!”

I am confident that the rules will evolve as there will definitely be an adjustment period for this new legislation. I’m curious if in coming years cannabis will be woven into our social fabric as much as alcohol is. “Honey, remember we are going to the Smiths’ for dinner tonight. Should we pick up some of that Indica Bob likes?” Will people go to cannabis tastings or on cannabis tours? Will restaurants offer cannabis-infused menu items or after-dinner marijuana treats? Will marijuana become part of attending sporting events? I have already heard about alcohol producers rolling out beverages laced with cannabis.

One of the government’s stated reasons for cannabis legalization is an attempt to remove the criminal element from its production. To achieve this end, cannabis will have to be priced reasonably to discourage development of a for-profit black market. This brings up the question of quality. Will the commercial product eventually outdo individual growers, as it has in the alcohol industry? Most would

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## Private health insurance: The conversation continues

I have been involved in litigation on the constitutionality of Canada's health system since well before the Chaoulli decision of 2005. The current action—in which the majority of plaintiffs are patients—was launched almost 10 years ago.

Government lawyers continue to block evidence while simultaneously making multiple illogical arguments. For example, a patient-witness taking large quantities of pain medications said they made her sick. Government argued that she was able to state how many pills she took, but the cause of the nausea required expert medical opinion. Objections were made to an ophthalmologist defining glaucoma and a colon surgeon explaining colonoscopy because they were not qualified as “experts.”

Government documents confirm that BC fails to meet its own maximum wait benchmarks—beyond which patients are harmed. Their lawyers argue pain and suffering while waiting are irrelevant. They are dismissive of patients lacking access to a GP, mental health services, cancer treatment, or those languishing on ER stretchers for days.

The 2018 Vancouver Coastal Health Authority report card reveals only 49% of surgical patients meet maximum medically accepted wait times. Government documents confirm that only 12% of patients with hip arthritis in “severe pain, unable to self-care, and at risk of serious harm” are treated within the maximum acceptable period. For lung cancer it's 31% and for bladder cancer “with high risk of progression” only 13%. There are thousands of similar shameful examples.

Government lawyers have stated, “So the plaintiffs’ argument that evidence of harms . . . is somehow relevant . . . is simply wrong;” “Not all relevant evidence is admissible;” “Statements made by the premier

or health minister cannot constitute admissions that can be relied on;” “Harms caused by current legislation are not relevant.”

They falsely accused BC clinics of “extra billing,” which the Canada Health Act specifies as billing in addition to payments from public health care insurance. Private clinics in BC don't extra bill; public hospitals do.

**“This could not even happen in the former Soviet Union, where I was raised.”**

Even tax-funded government experts have reported: “Parallel private insurance funding does add to the net resources available . . . and does provide some care that would otherwise be a charge on the public system.” Another discarded “expert” left the country after a judge ruled he caused an unnecessary enquiry costing over \$10 million, and another wrote, “Medicare is being put on trial, and will likely be found wanting.”

Suspicious of the BC website data, I followed up with a surgeon whose profile showed very few patients waiting a very short time. In truth there were over 1200 waiting. A physician witness at trial described being ordered to stop seeing patients since it made surgical wait lists longer. The ministry ordered patients who were categorized as being in “moderate pain” to be reclassified as being in “mild pain” in order to (falsely) improve their statistics.

We've heard important evidence described as hearsay, irrelevant, opinion, and argument in order to have it excluded. To state one's place and date of birth is inadmissible hearsay

unless one personally remembers being born!

Our BC government volunteered to have \$16 million deducted from their federal transfer payments. Other provinces that allow private MRIs and clinics suffer no penalties. Our current health minister stated, “The consequences of the failure of the previous [Liberal] government to enforce the law has cost patients millions of dollars.” He forgets that private clinics operated freely under the last NDP government and ignores the fact that private clinics save BC's public system about \$300 million a year.

Government recently announced fines up to \$20 000 per patient undergoing private MRIs or surgery starting in October. Unless blocked by an injunction, wait lists will worsen dramatically. An underperforming monopoly cannot succeed unless competition and choice are eliminated.

A March 2018 Ipsos poll revealed 81% of BC residents support us. Government's failure to consider public opinion is undemocratic.

I recently addressed a group of 25 visiting health executives from countries as diverse as New Zealand, Netherlands, UK, Switzerland, Germany, Zimbabwe, and Russia. They were shocked that private health insurance was illegal. The Russian delegate remarked, “This could not even happen in the former Soviet Union, where I was raised.”

—BD

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have to agree that people who make wine for a living do a much better job than the average garage vintner. As a result, will people be willing to pay a premium for quality, like they do for high-end Scotch, vodka, tequila, etc.?

More relevant to physicians is the effect that legalization of nonmedicinal cannabis will have on medicinal marijuana use. I mused about this issue in my June 2017 *BCMJ* editorial. Unless the price of the medicinal product is significantly less than the nonmedicinal one, I think this industry is in trouble. If a consumer can select from a wide range of reasonably priced quality products in a government store, why would they bother getting a prescription from their phy-

sician? The only reason I can think of is if some drug plans start listing marijuana as a covered benefit. The physician-staffed medicinal marijuana specialty clinics also seem to be in jeopardy. Why would an individual attend such a clinic when they can pop into their local cannabis store and purchase whatever they need? I'm not aware of any specialty medicinal alcohol clinics. "You were right Doc, that whiskey you recommended really does help my arthritis." Perhaps there will be some business in advising individuals about cannabis that is high in cannabidiol (CBD)—the proposed therapeutic ingredient—and low in tetrahydrocannabinol (THC)—the psychoactive ingredient. I am skeptical that CBD oil will be a big seller in

the nonmedicinal stores, but I could be wrong.

I remain concerned about the long-term health impacts of nonmedicinal cannabis legalization, particularly among young people. The Act limits cannabis use to individuals 19 and over in most provinces, but similar legislation hasn't restricted alcohol use in minors, and with the new law the amount of accessible marijuana in our communities will likely increase.

Like many of you, I will be an interested spectator as this new direction of recreational drug use unfolds in British Columbia.

—DRR

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