

## **Presentation to the House of Commons Justice Committee on Bill C-15**

Hello,

My name is Philippe Lucas, and I'm the founder and Executive Director of the Vancouver Island Compassion Society, a graduate research fellow with the Center for Addictions Research of British Columbia, and a Victoria City Councillor. I'm also one of about 3000 Canadians authorized by the federal government to use cannabis for medical purposes.

My use of medical cannabis began in 1995 while I was studying to become a high school teacher at the University of Victoria. After a routine medical examination suggested high liver functions, my physician conducted a test for hepatitis C which came back positive. It turns out that as a result of an operation in Ontario 13 years earlier, I had become a victim of Canada's tainted blood supply. Medical cannabis alleviates the nausea, loss of appetite and localized pain that often accompany hepatitis C. However, finding a safe and consistent supply has been a challenge for many Canadians, so in 1999 I left a career in education to open the Vancouver Island Compassion Society, a non-profit medical cannabis research, distribution, and advocacy center located in Victoria B.C.

In late 2000, about 14 months after the VICS first opened its doors, we had a break-in that led to my arrest and prosecution. I was charged with three counts of trafficking for the distribution of cannabis, and although the VICS re-opened within 10 days, I spent the next two years in court fighting for the rights of sick and suffering Canadians. After hearing how the VICS had positively impacted the lives of its members, Provincial Judge Higginbotham granted me an absolute discharge, praising the work being done at the organization and citing that – and I quote - “Mr. Lucas enhanced other peoples lives at minimal or no risk to society, although he did it outside any legal framework. He provided that which the Government was unable to provide a safe and high quality supply of marijuana to those needing it for medicinal purposes.” End of quote.

Since that happy day in the summer of 2002, I've begun a Master's degree at UVic, I've gotten married and started a family, and last November I was elected to Victoria City Council and as a Director to the Capital Regional District. Additionally, the VICS has gone from a small dispensary on the Western edge of Canada to an internationally recognized research center that has become the template for responsible and effective patient-centered medical cannabis access around the world.

Ladies and gentlemen, I share this story with you today to reflect that had the bill that you're currently considering been in effect at the time of my arrest in 2000, all of the wisdom and deliberation of Judge Higginbotham would have been for naught, and his words of praise would ultimately have meant very little, for he would have had no choice but to sentence me to a mandatory 2 year prison term.

This would have affected my life and the lives of the VICS' 900 members in innumerable ways. It would have robbed my wife and I of our wedding in the summer of 2002 and of the subsequent birth of my daughter Sophie; would have negatively impacted my ability to continue my studies

and research; and it would have prevented my candidacy and election to Victoria City Council, where my focus has been on ending homelessness in our region, promoting public health approaches to substance use, and increasing food security for Vancouver Island.

Additionally, a lengthy prison term would have led to the end of the good work being done by the VICS, which includes supplying organic cannabis and cannabis-based therapies to over 900 critically and chronically ill Canadians, and participating in and publishing more medical cannabis research than any other organization in the nation, including Health Canada.

This experience has given me the opportunity to consult with a number of U.S. states in the creation of their own patient-centered medical cannabis policies, and to assist the Israeli Ministry of Health with their nascent federal medical cannabis access program.

None of this would have been possible under C-15.

According to the Canadian Addiction Survey conducted by the Canadian Center for Substance Abuse in 2004, there are currently over one million Canadians currently using cannabis for medical purposes, and yet less than 3000 are currently protected from arrest and prosecution through Health Canada's Marijuana Medical Access Regulations, a federal program that has been found unconstitutional five times in as many years for overly-restricting legal access to medical cannabis. When coupled with an ever-increasing national arrest rate for cannabis-related crimes and the mandatory minimums proposed in C-15, we have a recipe for disaster that could impact tens of thousands of Canadian patients.

In an effort to save on costs and control the quality of their medicine, many of Canada's medical cannabis users currently produce their own cannabis, at times sharing it with fellow patients. Cannabis enforcement in Canada casts a wide net, and will inevitably ensnare cancer patients, people living with HIV/AIDS, hepatitis C sufferers and those affected by MS, epilepsy and chronic pain who currently benefit from the use of cannabis. As a result of mandatory minimum sentences, judges will be powerless to stop this unjust application of criminal law on Canada's critically and chronically ill, or to prevent the unnecessary suffering that is sure to follow.

Despite incredibly strong evidence from federal studies, independent academic research, and the experience of our American neighbors that mandatory minimums are ineffective at reducing substance use or addiction, the Justice Minister has defended this bill by suggesting that Canadians are generally supportive of such laws.

Although I have no doubt that Canadians wish to see a reduction in problematic substance use and associated crime, they deserve policies that will actually achieve this goal, and not ill-considered responses that have been proven to actually increase judicial and incarceration costs as well as the transmission of HIV/AIDS and Hepatitis C with no positive impact on drug-related crime, violence or addiction.

Additionally, the drug court exemption provided in Bill C-15 will only be applicable in the few Canadian jurisdictions that host these courts, and the evidence from both Canada and the U.S. shows that despite the best of intentions drug courts have a very poor success rate and are of

questionable efficacy at reducing substance use, addiction and crime. I ask this committee to consider how a person suffering from cancer or HIV/AIDS who uses medical cannabis to relieve the symptoms of their condition or the side effects of treatment could possibly benefit by being diverted into a drug court program that prohibits and subsequently punishes the very use of this medicine through incarceration? Perhaps more pressingly, how does our society as a whole benefit from the perhaps unanticipated but unavoidable persecution of critically and chronically ill Canadians?

As a fellow elected official, I often seek the public's opinion on major matters under consideration, and can understand the desire to have our federal drug policy reflect the thoughts, values and beliefs of most Canadians. However, the members of this committee would do well to remember that for the last 10 years every national poll conducted on medical cannabis shows that over 80% of Canadians support medical access to cannabis.

This is true across all provinces and party lines.

Additionally, over 50% of Canadians now support an end to cannabis prohibition, which is a far larger mandate than any of the national parties received during the last federal election.

However, in matters of such huge importance to both public health and public safety, we need to allow evidence to trump both ideology and public opinion. In regards to mandatory minimums, the evidence is abundantly clear: they simply don't work. Extensive studies conducted on mandatory minimum sentences throughout the world show that Bill C-15 won't reduce substance use, won't reduce crime and violence, and simply won't make Canadians any safer. In fact, quite the contrary: Bill C-15 will further entrench a failed criminal justice approach to substance use, and will inevitably add to the suffering of some of our sickest citizens.

In fact, C-15 will debase every segment of society it touches: from the police officers saddled with the difficult job of enforcing these ineffective laws, to the judges forced to incarcerate otherwise law abiding citizens and to imprison critically and chronically ill Canadians and those working so hard to help them.

Canadians want and deserve laws based on science, reason and compassion, not fear, prejudice and misinformation. Ladies and gentlemen of this Committee, I assure you there is no single bill that you'll consider during your term in office that has a greater potential to needlessly squander tax payer funds, to lead to violations of both human rights and civil liberties, and to increase unnecessary suffering and the spread of disease than the bill before us today.

As elected officials we have a clear moral, ethical and legal responsibility to review the available evidence while considering the potential impact of new legislation on the electorate. In regards to Bill C-15, that can only lead us to a single logical conclusion: for the sake of each and every Canadian, parliament must strike down Bill C-15.

Thank you for your time and attention, and for your good work on this important matter; I look forward to your questions.