

# **A Review of the Cannabis Cultivation Contract between Health Canada and Prairie Plant Systems**

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# A Review of the Cannabis Cultivation Contract between Health Canada and Prairie Plant Systems

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The following is a review of the contract terms and negotiations between Health Canada and Prairie Plant Systems for the three contract extensions beginning January 2006 and ending September 2007. It is intended to inform stakeholders (i.e. medical cannabis users, Canadian taxpayers, and political representatives) of the costs of the federal government's medical cannabis program and to highlight areas of concern in order to ensure transparency and accountability. It does not address the quality of the cannabis produced by PPS.<sup>1</sup>

## Background

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Several medical cannabis court cases have called into question the validity of the federal medical cannabis program. It remains an open question whether the program provides a constitutionally adequate means for Canadians to access medical cannabis. The last court case offered specific remedies to the program which have not been implemented, and a new constitutional challenge is currently taking place in British Columbia.<sup>2</sup> Concerns over the cost of the program, to both taxpayers and those accessing the program, has precipitated a call for a federal audit of the program. The Auditor General of Canada has recently undertaken such an audit.

One of the major areas of concern about the program is the supply of legal cannabis. Currently the sole contractor for cannabis is Prairie Plant Systems (PPS). The original contract between Health Canada and PPS began in December 2000. The first quantity of the product was supposed to be available for distribution within one year of the contract award.<sup>3</sup> Those with Authorization to Possess (ATP) licenses began to have access to the PPS cannabis in August 2003. As of April 2007, only 351 out of the 1742 ATP license holders were accessing this cannabis. The cost of the contract with PPS now totals \$10,278,276.

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<sup>1</sup> Concerns over the quality of the PPS product have been raised by medical cannabis consumers and such as Canadians For Safe Access (CSA) in their Open Letter of Concern, accessed on July 5, 2007 from <http://safeaccess.ca/research/flinflon/opnltr0105.htm#qandp>. In response, PPS threatened legal action against CSA. Although Health Canada claimed it could not direct PPS in these matter, information retrieved through an ATI request reveals that Health Canada was actively involved in the lawsuit. Accessed on July 10, 2007 from [http://safeaccess.ca/research/flinflon/bccla\\_ltr2.htm](http://safeaccess.ca/research/flinflon/bccla_ltr2.htm) and [http://safeaccess.ca/research/pdf/pps\\_lawyer.pdf](http://safeaccess.ca/research/pdf/pps_lawyer.pdf).

<sup>2</sup> *Hitgiz vs. Her Majesty the Queen*. Accessed on June 15, 2007 from <http://www.johnconroy.com/library/lederman.pdf> and VICS press release: *B.C. Supreme Court to Hear Constitutional Challenge of Federal Medical Cannabis Program*. Accessed on June 15, 2007 from [http://thevics.com/legal/const\\_chall\\_pr.htm](http://thevics.com/legal/const_chall_pr.htm)

<sup>3</sup> *Government Marijuana Growing Contract Terms and Conditions*. Accessed on June 15, 2007 from <http://www.medicalmarihuana.ca/growcontractfaq.html>

## Number of Persons Accessing PPS Cannabis

*The cost of the contract must be regarded in the context of the number of people to whom Health Canada is providing cannabis.<sup>4</sup>*

- By the end of the initial 5-year contract (on or about December 31, 2005), 209 ATP license holders were accessing dried marihuana for medical purposes under the *Policy on Supply of Marihuana Seeds and Dried Marihuana for Medical Purposes*.
- By the end of the 6-month contract extension (on or about June 30, 2006), 296 ATP license holders were accessing dried marihuana for medical purposes under the *Policy on Supply of Marihuana Seeds and Dried Marihuana for Medical Purposes*.
- At the end of the 3-month extension (on or about September 30, 2006), 301 ATP license holders were accessing dried marihuana for medical purposes under the *Policy on Supply of Marihuana Seeds and Dried Marihuana for Medical Purposes*.
- The latest statistics for April 2007 show 351 ATP license holders accessing dried marihuana for medical purposes under the *Policy on Supply of Marihuana Seeds and Dried Marihuana for Medical Purposes*.
- PPS is also providing cannabis to 350 participants in the Cannabis for the Management of Pain: Assessment of Safety Study (COMPASS). The 3-year study began December 31, 2004 and its end date is December 31, 2007.<sup>5</sup>

## Cost of Contract

*Since 2005, while the number of people accessing the cannabis from PPS has not risen substantially, the cost of the contract has been growing exponentially.*

- The initial 5-year contract for the cultivation of medical cannabis, ending December 31, 2005, was awarded to PPS for \$5,751,250<sup>6</sup>. Several contract amendments totaling \$317,355<sup>7</sup> brought the total for the 5-year contract up to \$6,068,605.
- A six-month contract extension beginning January 2006 was awarded to PPS at a cost of \$771,224.<sup>8</sup> An amendment for \$63,421 brought the cost of the 6-month extension up to \$834,645<sup>9</sup>, and the entire contract for five and a half years to a total of \$6,903,250.
- A 3-month extension was awarded to PPS for the period of July to September 2006 for \$465,024.<sup>10</sup> Two contract amendments during this period were made for \$187,359<sup>11</sup>, bringing the total of the 3-month contract to \$652,383. The contract total for five years and 9 months was \$7,555,633.

<sup>4</sup> MMAR Stakeholder Statistics. Accessed on June 15, 2007 from [http://www.hc-sc.gc.ca/dhp-mps/marihuana/stat/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/marihuana/stat/index_e.html)

<sup>5</sup> Current Controlled Trials. Accessed on June 15, 2007 from <http://www.controlled-trials.com/ISRCTN19449752/>

<sup>6</sup> Government Marijuana Growing Contract Terms and Conditions. Accessed on June 15, 2007 from <http://www.medicalmarihuana.ca/growcontractfaq.html>

<sup>7</sup> Amendments 9-12 to contract number H1021-9-9012/001/SS with Prairie Plant Systems Inc. Accessed on June 15, 2007 from Contracts Canada at: [http://csi.contractsCanada.gc.ca/csi/prod/en/applctrl.cfm?cmd=simplist&rqst\\_level=0](http://csi.contractsCanada.gc.ca/csi/prod/en/applctrl.cfm?cmd=simplist&rqst_level=0)

<sup>8</sup> Amendment 14

<sup>9</sup> Amendment 15

<sup>10</sup> Amendment 16

<sup>11</sup> Amendments 17 and 18

- Another one-year contract was awarded to PPS beginning October 2006 to September 2007 for \$2,288,518, and with an amendment for \$434,125 it is currently valued at \$2,722,643.<sup>12</sup>
- The total cost of the contract, at this point in time, for six years and 9 months is \$10,278,276.

## Cost of Reports

*Health Canada appears to be paying Prairie Plant Systems a considerable sum for their reports. It is questionable as to the extent these reports change from month to month to warrant these costs.*

- For the contract ending December 31, 2005, Health Canada paid PPS \$63,120 each for 54 monthly reports and \$78,000 each for 4 yearly reports totaling \$3,802,980.<sup>13</sup> This represents 62% of the cost of the 5-year contract.
- In the January to June 2006 contract, reports cost \$64,067/month and \$39,000 for a final report for a total of \$423,402.<sup>14</sup> This represents 51% of the cost of this 6-month contract extension.
- For the July to September 2006 contract, reports cost \$64,067/month and the final 3-month report was valued at \$19,500 for a total of \$211,701.<sup>15</sup> This represents 32% of the cost of this three-month contract extension.
- In the current contract, October 2006 to September 2007, reports are costing \$86,740/month and the final report \$78,000 for a total of \$1,118,880.<sup>16</sup> This represents 41% of the cost of this one-year contract extension.
- Reports to date have cost taxpayers \$5,556,963 representing 54% of the entire contract cost to date.

## Cost of Cannabis

*There has been a fair amount of negotiating around options for additional production, in terms of both quantity and dollars/kg. Additional cannabis production is valued at extremely elevated prices.*

- The contract stipulates the cost of cannabis at \$328.75/kg for 420 kg each year starting in January 2003.
- There are options for production above 420 kg: Option 3 paid \$452/kg for amounts above the 420 kg in the initial 5-year contract.<sup>17</sup>
- In the negotiations prior to the final contract there is mention of an option for \$3000/kg for additional qualified bulk flowering head.<sup>18</sup>

<sup>12</sup> Amendments 19 and 20

<sup>13</sup> ATI request pg. 000112. Accessed on June 15, 2007 from [http://safeaccess.ca/research/pdf/pps\\_contract\\_communication.pdf](http://safeaccess.ca/research/pdf/pps_contract_communication.pdf)

<sup>14</sup> ATI request pg. 000112-000113

<sup>15</sup> ATI request pg. 000139-000140

<sup>16</sup> ATI request pg. 000152

<sup>17</sup> ATI request pg. 000018

<sup>18</sup> ATI request pg. 000052

- In the last contract extension, Option 9 was added to allow for the production of an additional 240-358 kg at \$1144/kg.<sup>19</sup>
- As such, the first 420 kg will cost \$138,075, and the next 358 would cost \$409,552, for a total of \$547,627.
- This represents 20% of the contract cost for the one-year period ending September 30, 2007.
- It is noteworthy that Health Canada pays PPS the same amount for all cannabis plant components, both usable and unusable. By PPS estimates, only 63%<sup>20</sup> of the bulk product are flowering heads, of which only some portion is actually usable for distribution to patients.<sup>21</sup>

## Estimates for Increased Production

*Over the period of three contract extensions starting January 2006 until the one-year contract extension starting in October 2006, the production quantity estimates rose considerably. The extent of anticipated increase in demand seems unwarranted.*

- The contract with PPS stipulates the production of 420 kg of cannabis plant component parts per year. There are options to produce quantities above this amount at increased costs (see above section).
- For the 6-month contract extension, in anticipation of increased demand, PPS was contracted to produce 290 kg of bulk product in order to meet an anticipated need of 150 kg of finished product flowering heads for clinical trials as well as ATP license holders.<sup>22</sup>
- For the next contract extension, 100 kg of bulk products was to be produced over 3-months. It was anticipated that 85 kg of finished product would be needed for distribution, and any balance could come from a supply of usable inventory.<sup>23</sup>
- The third contract extension anticipated that 400 kg of finished product would be needed over the 12-month period, for which it would be necessary to produce at least 660 kg of bulk product.<sup>24</sup> To fulfill this quantity, the contract gave PPS an option for producing 240-358 kg above the 420 kg limit under Option 9 for \$1144/kg.<sup>25</sup>
- Earlier estimates were for 600 kg, and for the production of the additional cannabis under Option 3 at \$452/kg.<sup>26</sup> PPS proposed to produce 888 kg.<sup>27</sup>
- The numbers of plants per harvest was to increase from 800 to 1100 by May 2007.<sup>28</sup>

<sup>19</sup> ATI request pg. 000159

<sup>20</sup> 63% of bulk product is flowering heads, however PPS estimates 880 kg of bulk material is necessary for 400 kg of flowering head finished product, or 45%. ATI request pg. 000064

<sup>21</sup> Accessed on June 15, 2007 from 000007, 000064 and 000087

<sup>22</sup> ATI request pg. 000015

<sup>23</sup> ATI request pg. 000034 and 000040

<sup>24</sup> ATI request pg. 000064

<sup>25</sup> ATI request pg. 000159. Note only 210 kg additional cannabis was required to fulfill 660 kg, since there was 30 kg remaining from the 2006 calendar year. ATI request pg. 000052

<sup>26</sup> ATI request pg. 000040, 000051 and 000052

<sup>27</sup> ATI request pg. 000064

<sup>28</sup> ATI request pg. 000058 and 000072

- The increase in production was based on projections of a 75% annual increase in the number of ATP license holders.<sup>29</sup>
- In fact, the number of ATP licenses has increased from 1468 to 1742 during the period between October 2006 and April 2007 representing an 18.66% increase in ATP licenses.

## Packaging Costs

*Costs for packaging have been inexplicably high and seemingly arbitrary.*

- Packaging costs have decreased dramatically since the time the PPS product was first being distributed.
- Packaging for ATP license holders cost \$162.18/kg from August 1, 2003 to July 31, 2004; from August 1, 2004 to December 31, 2005 the cost dropped to \$12.20/kg;
- Packaging costs for research participants during the period of January 2004 to December 31, 2005 remained at \$162.18/kg.
- Starting January 2006, packaging costs for both ATP license holders and researchers dropped to \$8/kg.<sup>30</sup>
- PPS estimated that packaging costs would come to about \$144,000 for the contract ending September 30, 2007.<sup>31</sup>

## Shipping and Distribution Costs

*The complexity and security measures of the PPS program creates excessive shipping and distribution costs.*

- Costs for shipping the cannabis between various sites for storage, irradiation and distribution are estimated at \$215,101 for the contract ending September 30, 2007.<sup>32</sup>
- Health Canada also pays PPS for ongoing order processing and distribution for ATP license holders and Researchers– at an estimate of \$81,000 for the one-year contract ending September 30, 2007.

## Laboratory Costs

*Health Canada appears to have paid for PPS's laboratory equipment associated with cannabinoid testing and subsequently paid for the use of that equipment as well for the space to house it.*

<sup>29</sup> ATI request pg. 000040 and 000041

<sup>30</sup> ATI request pg. 000158

<sup>31</sup> ATI request pg. 000090

<sup>32</sup> ATI request pg. 000091

- The cost for the establishment of a laboratory at PPS, including equipment, up to June 2006, was \$59,272.<sup>33</sup> PPS also estimated a cost of monthly charge of \$6,965 for the following three-month contract extension, for a total of \$80,167.
- In the following contract extension, the allowable cost associated with PPS's new in-house laboratory was estimated at \$80,168 over the 9-month period. \$19,485 was allotted for the rental of equipment and the space to store it.<sup>34</sup>
- Laboratory costs for 12 months ending September 2007 were estimated at a total of \$81,770, or \$6,814/month.<sup>35</sup>

## Costs of Maintenance, Capital Upgrades and Equipment

*Health Canada is paying PPS to grow the product, paying for the necessary equipment, and also paying for the product. Health Canada appears to be making a large financial investment in PPS.*

- In the January to June 2006 contract Health Canada paid \$26,000 for inventory and distribution software development and implementation, equipment and software, security system upgrades.<sup>36</sup>
- In the October 2006 to September 2007 contract Health Canada agreed to pay for capital upgrades including maintenance for the growth chamber at \$41,504 and equipment and facility improvements worth \$457, 500.<sup>37</sup>
- These costs total \$525,004 for the period of contract extensions from January 2006 to September 2007.
- Including the original start-up costs of \$536,520, the total of capital investments is over 1 million dollars for the entire contract to date.
- Shortly after being awarded the last contract extension, PPS announced the opening of a new 1,500 square foot head office and laboratory facility.<sup>38</sup>

## Cost of Cannabis to Patients

*Health Canada is passing on the inflated cost of the contract to patients.*

- Health Canada pays PPS \$328.75/kg and charges patients \$5000/kg. This constitutes a 1500% mark-up.
- By PPS estimates, Health Canada would receive approximately \$330,000 from ATP license holders over the six-month contract extension.<sup>39</sup>
- Health Canada has sent collection agencies after those who cannot afford to pay for their medicine. The total debt for registered users now exceeds \$300,000.<sup>40</sup>

<sup>33</sup> ATI request pg. 000082

<sup>34</sup> ATI request pg. 000145

<sup>35</sup> ATI request pg. 000158

<sup>36</sup> ATI request pg. 000131

<sup>37</sup> ATI request pg. 000158 and 000159

<sup>38</sup> Media Release from PPS. Accessed on June 15, 2007 from <http://www.prairieplant.com/documents/Oct-20-2006-Press-Release.pdf>

<sup>39</sup> ATI request pg. 000123

<sup>40</sup> Article in Globe on Mail: *Unpaid bills mount over Ottawa's pot*. Accessed on July 5, 2007 from <http://www.theglobeandmail.com/servlet/story/LAC.20070703.BCPOT03/TPStory?query=UNPAID+BILLS+MOUNT+OVER+OTTAWA%27S+POT+>

## Options for Cost-Effective Production and Distribution

*Compassion clubs across Canada provide medical cannabis to over 10,000 people at no cost to taxpayers. These community-based medical cannabis dispensaries provide a cost-effective alternative to Health Canada's centralized monopoly for cultivation and distribution.<sup>41</sup>*

### Cost Comparison of PPS Contract Extension for Oct 2006-Sept 2007 to BCCCS Costs for Fiscal year of November 2005-October 2006

Program Variables	Health Canada	BCCCS
Number of Persons Accessing Product	700 <sup>42</sup>	3000
Cost of Program	\$2,722,643	\$2,217,772 <sup>43</sup>
Total Cost/Person	\$3,889.49	\$739.25
Cost of Cannabis	\$547,627 <sup>44</sup>	\$1,299,409 <sup>45</sup>
Quantity of Cannabis	778 kg <sup>46</sup>	262 kg
Cost of Cannabis/kg	\$328.75/\$1144 <sup>47</sup>	\$4959.57
Cost of Cannabis/Person	\$782.32 <sup>48</sup>	\$433.13
Usable Percent of Cannabis	63% <sup>49</sup>	97% <sup>50</sup>
Cost of Unusable Cannabis	\$202,622 <sup>51</sup>	\$43,345
Price to Patients/kg	\$5000	\$8000
Mark-Up on Price	1500%	66%
Operating Costs <sup>52</sup>	\$2,175,016	\$718,948 <sup>53</sup>
Operating Cost/Person	\$3,107.17	\$239.34
Operations as Percent of Total Cost	80%	32%
Ratio of Operating Cost to Cannabis	4:1	1:2

- As a non-profit society, the British Columbia Compassion Club Society (BCCCS) is able to provide a wide variety of high quality cannabis strains, edible products and tinctures to approximately 3,000 clients at the cost of \$2,217,772/year.<sup>54</sup>

<sup>41</sup> For more information about compassion clubs, see Guidelines for the Community-Based Distribution of Medical Cannabis in Canada <http://www.thecompassionclub.org/resources/guidelines%20for%20distribution.pdf> and [www.thecompassionclub.org](http://www.thecompassionclub.org) accessed on July 5, 2007.

<sup>42</sup> 350 license holders and 350 COMPASS study participants. Compass study ending Dec 31, 2007.

<sup>43</sup> Includes all costs directly related to provision of cannabis as well other cannabis products (i.e. hashish, tinctures and baked goods), and smoking implements. Does not include costs directly related to provision of other natural health care services also provided by the BCCCS.

<sup>44</sup> \$138,075 for 420 kg plus \$409,552 for 358 kg.

<sup>45</sup> Does not include costs of hashish or other cannabis products.

<sup>46</sup> Bulk product.

<sup>47</sup> \$328.75/kg for 420 kg and \$1144/kg for amounts of 240-358 kg above 420 kg.

<sup>48</sup> \$197.25 for the 420 kg, and \$585.07 for the 358 kg.

<sup>49</sup> According to PPS, 45% of bulk product is usable (see footnote 20)

<sup>50</sup> Loss of usable product purchased by the BCCCS is due to moisture loss and stems. Product must meet our manicuring standards as a condition of purchase.

<sup>51</sup> Using the conservative number of 37% unusable cannabis. At 55%, this would total \$310,195.

<sup>52</sup> For these purposes, defined as all costs above cost of cannabis, including packaging and processing orders.

<sup>53</sup> Does not include wages related to provision of other natural health care services, however does include rent and utilities related to those services.

<sup>54</sup> Based on 2006 financial statements of the BCCCS.

- The BCCCS typically charges a 66% mark-up on the cannabis purchased from contracted cultivators. This covers: cost of cannabis; rent; wages (for purchasing, packaging, distribution, administration, processing of applications, etc.); the provision of free and subsidized cannabis to those in need; provision of subsidized natural health care services; one-hour intake sessions with an educational component for each new member (about 400/year); cost-sharing of laboratory testing with suppliers.
- Compassion clubs must pay ‘black market’ prices for their product. If compassion clubs were permitted to legally cultivate their own supply, these organizations would be able to supply cannabis to their clients at substantially lower prices. Typically, compassion club cannabis prices are at or below ‘street’ prices.
- The biggest security risk to the BCCCS’ cultivators and supply of cannabis comes from law enforcement officials.
- Other options for production facilities, such as greenhouses, could greatly reduce cultivation costs.

## Discussion

In light of the federal government’s decision to cut funding for the research component of the medical cannabis program, which affects millions of Canadians and the integrity of the program itself, Health Canada’s decisions to invest substantially in a private production facility that supplies only 350 Canadians merits close scrutiny.<sup>55 56</sup>

The 1500% mark-up on the cannabis charged to patients highlights the risk of Health Canada creating a monopoly over supply. Health Canada is requiring taxpayers and medical cannabis patients to fund inefficient practices, capital upgrades, and equipment for a private contractor. Instead of providing affordable medicine to those in need, Health Canada has chosen a policy and program that seemingly creates a windfall for one monopoly supplier to the detriment of patients and taxpayers.<sup>57</sup>

While community-based medical cannabis dispensaries provide a cost-effective alternative to Health Canada’s centralized monopoly for cultivation and distribution, the end-cost to patients still remains problematic. The cost of cannabis for those in medical need must be covered under Canada’s universal health care system as it is for other medicine. Canada’s critically and chronically ill deserve the most affordable and highest quality care.

<sup>55</sup> Canadian AIDS Society press release: *Cuts to Medical Marijuana Research Affects the Health of One Million Canadians*. Accessed on June 15, 2007 at <http://www.cdnaids.ca/web/pressreleases.nsf/pages/cas-news-0179>.

<sup>56</sup> Article in Canadian Medical Association Journal: *Cut to marijuana research sends strong message*. Accessed on June 15, 2007 at <http://www.cmaj.ca/cgi/content/full/175/12/1507>.

<sup>57</sup> A US Department of Justice Drug Enforcement Administration court recently ruled against that country’s government-mandated monopoly on medical cannabis supply for research purposes. Accessed on June 15, 2007 from <http://www.maps.org/ALJfindings.PDF>

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