

FAQ: **Medical** Cannabis in Salvation Army Programs

September 2018

Use of cannabis (marijuana) for medication purposes has been legal in Canada since 2001. The Salvation Army, like other Canadian service providers, has a duty to accommodate use of medical cannabis when it has been prescribed by a doctor. We have put together answers to some frequently asked questions to help Ministry Units understand their responsibilities in such situations.

Accommodation for medical cannabis is a separate issue from the impending legalization of recreational cannabis, set to come into effect in Canada in October 2018. For frequently asked questions about the use of cannabis which is not prescribed by a doctor, please see FAQ's on Cannabis in Salvation Army Programs [\[here\]](#).



Frequently Asked Questions

The Basics

- What is the short answer?
- But we have a no-smoking/no-substance use policy at our centre. Why should we allow this?
- A client says they have a medical license allowing them to smoke cannabis at our facility. What should we do?

Accommodating Consumption

- Do we need to update our medication policy to include special consideration for medical cannabis?
- Can we prohibit certain forms of cannabis on-site?
- A client who has a medical license to smoke cannabis insists he/she should be allowed to smoke in the smoking area? The client says it is illegal not to allow it? What should we do?
- Do we need to make any special allowances for smoking medical cannabis?

Treating Cannabis as Medication

- How should we store medical cannabis?
- What if we suspect the license/label on a medical cannabis container is fake?
- A client would like to or is currently growing a medical cannabis plant in their room. Is this something we can allow?
- Who should handle stored medical cannabis?
- A client says they cannot store their medical cannabis with us as they may need access to it 24/7 due to their condition?

Other Questions

- We suspect a client is selling their medical cannabis with other clients. What should we do?
- Our program is adjacent to an addiction treatment program. Should we have different policies in place that consider issues pertaining to adjacency?
- I've got other questions about this. Who should I ask?



The Basics

What's the short answer?

The Salvation Army's programs will treat medical cannabis in a manner similar to any other prescribed medication.

But we have a no-smoking/no-substance-use policy at our centre. Why should we allow this?

Unlike cigarettes, alcohol or recreational drugs, medical cannabis is a “prescription medication” necessary to support the health of a client. If your Ministry Unit has a medication policy, we suggest you use this to guide you. If not, then we suggest you meet with the client and come up with an accommodation plan.

A client says they have a medical license allowing them to smoke cannabis at our facility. What should we do?

First, does your facility have a medication policy? If so, medical cannabis would fall under the medication policy and can be treated like any other medication. If you don't have a medication policy that covers medical cannabis, please see the FAQ about updating your medication policy [here](#).

Then, work with the client to come up with an accommodation plan. The plan should be the result of a collaborative meeting between the client, case worker, and program manager, who work together to understand the client's medication needs and jointly determine how they can be accommodated at the facility. The plan will be developed on a person-centred, case-by-case basis and will depend on a number of factors, including but not limited to the type of cannabis prescription, the type of programming, and the type of facility. Under human rights legislation, a facility must act in good faith in working with such clients to create a plan which can incorporate their health needs. (For questions about certain program or facility types, please see related FAQ [here](#).) [↗](#)



Accommodating Consumption

Do we need to update our medication policy to include special consideration for medical cannabis?

Most medication policies will not need to be modified. Ministry Units should treat medical cannabis in the same manner as other medications. Most medical cannabis is presented in a similar bottle as other prescriptions. The only exception may be for those clients who have grown their own; this would be a rare situation. (See related FAQ [here](#).)

Can we prohibit certain forms of cannabis on-site?

Only where there is a legitimate reason to prohibit a certain form. For example, facilities may not have smoking areas and/or places for clients who prefer to smoke their cannabis to go; or Ministry Units may be worried about the impact of smoking on other clients (e.g. allergies, children, those triggered by smells). In those cases, a facility can still safely store the client's medication, but administration may have to happen off-site. Exploring options with the client is required and developing a legally-defensible accommodation plan is advised. In such cases, please contact THQ Social Services/THQ Legal for guidance.

A client who has a medical license for cannabis insists they should be allowed to smoke it in the smoking area. What should we do?

Explain to the Client that he/she doesn't have an automatic right to smoke cannabis where tobacco smoke is allowed. The courts have indicated there is a difference between tobacco and cannabis in that the latter can be intoxicating to third parties. Therefore, property owners do not have to allow medical cannabis on smoking patios if there is a genuine/legitimate reason not to. An accommodation plan should be made.

Do we need to make special allowances for smoking medical cannabis?

Ministry Units would need a legitimate reason not to permit smoking medical cannabis (e.g. concerns for others). If smoking/vaping can happen in an area where those concerns can be controlled (e.g. designated smoking area at a specified time when other clients don't have access), we would be hard pressed to not allow it. Certain medical conditions (e.g. epilepsy) may be better controlled by smoking rather than ingesting cannabis. In such cases, please contact THQ Social Services/THQ Legal for advice on how to create a legally defensible accommodation plan. [!\[\]\(05be7c7a8995decd503647c99211f7c2_img.jpg\)](#)



Treating Cannabis as Medication

How should we store medical cannabis?

Medical cannabis should be stored in the same manner as other prescription medications, i.e. in a secure locked storage container/fridge that is managed by staff. As with all medication stored by The Salvation Army, medical cannabis must be in its original container (i.e. with the original label from the Licensed Producer). Staff must keep medication logs that include the time and method of administration of medical cannabis (following the same procedure as for any prescribed medication).

What if we suspect the license/label on a medical cannabis container is fake?

It is not The Salvation Army's job to police the source or amount of medical cannabis brought in by the client. We are to accept it in good faith unless there is something of concern with the documentation [See <http://laws-lois.justice.gc.ca/PDF/SOR-2016-230.pdf> for information on product labels and Medical Cannabis license].

A client would like to or is currently growing a medical cannabis plant in their room. Is this something we can allow?

Clients with a permit to grow may be allowed to keep a medical cannabis plant in exceptional circumstances. In such cases, the facility would have been notified by Health Canada of the client's request to grow cannabis on-site. If, on a case-by-case basis, the Ministry Unit is amenable to this, they would need to work with the client and Health Canada to put in place an appropriate accommodation plan (see also FAQ about [accommodation plans](#)). The plan would need to address appropriate safeguards while allowing access to the client's medication. Since a cannabis plant is a type of "medication" it should be safely stored in the medication area, unless other client medications are permitted in client rooms. Clients will have access to water and be responsible for caring for their plants. (As per the Cannabis Act (2017), individuals are allowed to grow no more than 4 cannabis plants for personal use, each no taller than 100 cm.) If approached by Health Canada about this type of accommodation, please contact THQ Legal.



Who should handle stored medical cannabis?

Staff handling client's prescribed medications will also handle stored medical cannabis. Ideally this would be a medical or other clinical/trained professional. In the case of medical cannabis, it is perhaps even more important that a responsible, more senior staff member be assigned to distribute client medication. Clients will ask the assigned staff person(s) when they need to access their medical cannabis and self-administer at the prescribed doses and intervals.

*Please note that except in rare and specifically approved situations, The Salvation Army does not offer medication management: as with all client medication, we act simply as a depository, storing medical cannabis in a safe place for the client's benefit. It is not our responsibility to ensure that the client takes the right doses at the right time.

A client says they cannot store their medical cannabis with us as they may need access to it 24/7 due to their condition?

This may be the case for certain conditions, for example, epilepsy. In these cases, MUs should work with clients to come to a reasonable solution. For example, could the client carry a single dosage in a safe way? Could it be treated similar to an epi pen? Can the MU offer 24/7 access to the medication for this particular client? Work with the client to explain the MUs concerns over stealing and safety if he/she carries it on their person and see if an amicable solution can be reached. [↗](#)



Other Questions

We think a client is selling/sharing their medical cannabis with other clients. What should we do?

First, remind the client of the community living rules (e.g. no trafficking in drugs, illicit, prescription or otherwise controlled) and explain why this behaviour would be concerning if true. Where there is evidence of a client violating this regulation, they should be put on notice, and a termination of service would follow if there was a recurring transgression [Please note, staff must always consider the specifics of each individual case and make decisions accordingly].

Our program is adjacent to an addiction treatment program. Should we have different policies in place that consider issues pertaining to adjacency?

Possibly. Addiction Treatment programs may have different (more restrictive) policies around medical cannabis than emergency shelters, for instance, because the balance between individual and group rights may be considered differently under the law. Different policies for different programs occupying the same site will need to be proactively managed.

I've got other questions about this. Who should I ask?

Don't hesitate to get in touch with THQ Social Services or THQ Legal if you have other questions about how to accommodate medical cannabis in your Ministry Unit. [!\[\]\(8d0f0e0fe25b320c33272c52aec1fbca_img.jpg\)](#)

