Serial 1/2014

Form No. 7

CERTIFICATION OF DECLARATION

I the undersigned, Moshe Ostrower Notary at 52 Menachem Begin Rd. Tel Aviv hereby certify that on October 26, 2014 there appeared before me at my office Mr.(~~Mrs., Miss~~) Yehuda Baruch, who is known to me personally (~~whose identity was proved to me by Identity Booklet(Passport) No..... issued by..... at..... on.....~~) and being satisfied that he (~~she~~) knows the English language and

{the language of the declaration}

read in my presence the attached declaration marked 1 (the declaration overleaf) (~~and after I ... attached declaration ... overleaf) into the ... language which he(she) ... Mr. (Mrs., Miss) ... is known to me personally ... proved to me by ... cient to my satisfac... and in ...~~

{the language of ...}

~~translated for him(her) the attached decla... marked..... (the declaration appearing overleaf) into the..... language which he(she) knows)~~

and after I enquired and satisfied myself that the above named Mr.(~~Mrs., Miss~~) Yehuda Baruch understood the contents of the above-mentioned declaration,

he(~~she~~) duly confirmed by oath (declared) (declared by solemn affirmation) the truth of the above declaration.

In witness whereof I have hereto set my signature and seal this October 26, 2014

Signature

Notary's Seal

Notary fee. 276/100 nis Including VAT was Paid

* Where more than one person appeared, each should be named separately, specifying the manner in which his or her identity was proved.

Note: Delete whatever is inapplicable.

משה אוסטרובר MOSHE OSTROWER NOTAIRE NOTARY

1/2014 מספר סידורי

טופס מס' 7

אישור הצהרה

אני החתימ משה אוסטרובר

נוטריון ב.ד. מאיר בגין 52 תל אביב

מאשר כי ביום 26/10/2014 ניצב(ה)* לפני במשרדי

מר(ת) יהודה ברוך הידוע(ה)* לי

ידיעה אישית (~~שזהותו(ה) הוכחה לי על פי תעודת זהותו(ה), מספר/דרכונו(ה) מספר..... שהוצא(ה) על ידי ב.....~~)

ביום ~~.....~~ ולאחר שנוכחתי

שהוא(~~היא~~) יודע(ת) את השפה העברית

{שפת ההצהרה}

וקרא(ה) בנוכחותי את ההצהרה המצורפת והמסומנת באות/במספר 1 (שמעבר לדף),

~~(ולאחר שתרגמתי לו(ה) לשפה ..... שהוא(היא) יודע(ת) אותה את ההצהרה המצורפת והמסומנת באות/במספר ..... (שמעבר לדף)),~~

~~(ולאחר שמר(ת)ן ..... הידוע(ה) לי אישית (שזהותו(ה) הוכחה לי על פי .....)~~

והשולט(ת), להנחת דעתי, בשפה .....

{שפת ההצהרה}

~~(ובשפה ..... תרגם(מה) לו(ה) לשפה ..... שהוא(היא) יודע(ת) אותה את ההצהרה המצורפת והמסומנת באות/במספר ..... (שמעבר לדף)),~~

ולאחר שביררתי ונוכחתי כי מר(ת) יהודה ברוך הנ"ל הבין(~~מה~~) את תוכן ההצהרה הנ"ל, נשבע(~~ה~~) כחוק (הצהיר(~~ה~~) בהן צדק על אמיתות ההצהרה הנ"ל.

ולראיה באתי על החתום בחתימת ידי ובחותמי,

היום 26/10/2014

חתימה

חותם הנוטריון

שכר נוטריון 276/100 ש"ח כולל מע"מ שולם

* ניצבו יותר מאדם אחד, יש לפרש בשמו של כל אחד לחוד בציון דרך הוכחת הזהות שנקטו לגביו.

הערה: מחק את הטעון מחיקה.

משה אוסטרובר MOSHE OSTROWER נוטריון NOTAIRE NOTARY

"1"
1/2

Court File No.: T-2030-13

FEDERAL COURT

BETWEEN:

NEIL ALLARD
TANYA BEEMISH
DAVID HEBERT
SHAWN DAVEY

Plaintiffs

and

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

Defendant

AFFIDAVIT OF YEHUDA BARUCH

I, Yehuda Baruch, medical doctor, of the City of Bat Yam, Israel, SWEAR THAT:

1. I am a medical doctor, instructor at the Sackler School of Medicine at Tel Aviv University and CEO of the Abarbanel Mental Health Center in Israel. As such, I have personal knowledge of the matters hereinafter deposed to by me, except where same are stated to be based on information and belief and where so stated I verily believe them to be true.

2. I have been retained by the Attorney General of Canada in the above proceeding to provide an expert report for the Court. Attached at **Exhibit "A"** is my expert report, dated 26 October 2014.

3. On June 2, 2014, the Attorney General of Canada provided me with an instruction letter to complete my expert report. Attached as **Exhibit "B"** is a copy of the instruction letter.

4. Further, on June 2, 2014, I was provided with a copy of the Code of Conduct for Expert Witnesses. Attached as **Exhibit "C"** is a signed copy of the Certificate Concerning Code of Conduct for Expert Witnesses.

5. Attached as **Exhibit "D"** is a copy of my Curriculum Vitae.

SWORN before me at the City of Tel Aviv, Israel, this 26 October 2014.

Moshe Ostrower, Notary

Dr. Yehuda Baruch

נוטריון
משה
אוסטרובר
MOSHE
OSTROWER
NOTAIRE
NOTARY

"A"
1/11

1

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A short curriculum vitae:

Head of the Israeli Medical Use of Cannabis Program, 2003–2012
MD degree, Sackler School of Medicine, Tel Aviv University – 1981 – L. N. 16584
Expert in Psychiatry since 1992, L. N. 12317
Chief Psychiatrist, IDF, 1995–1997
Chief Medical Officer, Northern Command (Ltc.), 1997–1999
CEO, Beer Yaakov Mental Health Center, 1999–2001
Expert in Health Management, L. N. 18882
Head of the Medical Division, Israeli MOH, 2001–2004
CEO, Abarbanel Mental Health Center, 2004 to present
CEO, Israeli Psychiatric Association – Tel Aviv branch, 2006–2012
CEO, Israeli Society for Treatment of Addiction – ILSAM ISRAEL, 2012 to present
Head of the Israeli Mental Health Centers, 2008 to present

I was asked to give an expert testimony on behalf of the Attorney General of Canada in the *Allard et al. v. AGC* litigation (file no. 2-280575) on the following:

A. Issues to addressed:
   1. How Israel's medical cannabis program was developed, including the policy rationale(s) behind any rules that govern.
   2. The process by which individuals become authorized to consume medical marihuana.
   3. The amount of medical marihuana an individual user is permitted to possess and/or consume and how those amounts are determined.
   4. How individual dosages are determined.
   5. Restrictions, if any, on the forms of medical marihuana that may be consumed.
   6. Restrictions, if any, on the medical conditions for which the consumption of medical marihuana may be authorized.
   7. Whether the production of medical marihuana in residences is permitted and, if not, how medical marihuana is supplied to the user.
   8. The dosages of cannabis that have been prescribed to patients through the Israeli medical cannabis program and the medical justification for these dosages.

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B. Qualifications on the issues to be addressed:

I served in the Israeli army up to 2004 in the Medical corps and rose to be colonel. In 1999 I was lent by the army to the Ministry of Health to serve as the director of Beer Yaakov Mental Health Center. At 2002 I was asked to serve as the director of the Medical Management Division of the MOH. I have seniority and expertise (according to the Israeli law) in Psychiatry and Medical Management.

At 2003 I was asked by the director general of the MOH at the time (Dr. Boaz Lev) to be in charge of the Israeli program for the medical use of cannabis (in accordance with the Israeli drug law sections 6 and 7 specifically). During my 10 years of being in charge of the program the number of active permits rose from 64 to approximately 14,000. The whole system of the current program was erected by me under the supervision of the MOH .In that regard I was in charge of evaluating all the request for medical use of cannabis and issuing the permits that were approved (by 2010 I had to colleagues working with me on these tasks – by now there more than 30 physicians).in order to fulfill this obligation I built the first indications for medical use of cannabis (up to then each case was evaluated individually by a committee with no approved indications. . I was in charge of how to supply the cannabis to the patients and later on issuing the permits for growing cannabis including issuing the agriculture standards and the security standards. I was also in charge of building education programs on medical use of cannabis for health workers- mainly physicians and nurses. I was also the head of the first inter-ministerial committee on medical use of cannabis in 2010 which later became the steering committee headed by the deputy general director of the MOH).

I have also written most of the drafts of communications of the Israeli Ministry of Health, Pharmaceutical Department: no. 105[1] and 106[2] of the Department of Pharmacy in the Ministry of Health.

I have attended many medical conferences in Israel and lectured on the subject. I have published one article on the use of medical cannabis, submitted another one and involved in 5 more ongoing studies. My full CV is attached as an appendix to this report.

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Addressing the issues:

1. **How Israel's medical cannabis program was developed, including the policy rationale(s) behind any rules that govern**

   a) **The process by which individuals become authorized to consume medical marihuana**

   The Israeli program for consumption of cannabis due to medical needs (MCP—Medical Cannabis Program) started after a court order in 1992 that ordered the State to allow patients who need cannabis because of medical reasons to consume it. The process that was erected at the time was that each request will be passed to a specific committee that was appointed for this mission. The committee had to review the request and decide whether or not to approve and issue a license for consumption of cannabis. Up to 2003, there were only 64 requests that were processed by the committee. In 2003, the number of requests started to rise substantially, and this procedure took too long a time, from time of request to time of reply. For this reason, it was decided that instead of a committee, only one physician (who was appointed by the director general of the Ministry of Health in accordance with the law, especially the drug directive law) will review the request. If he approves the request, a license for consumption of cannabis will be issued to the patient. This process continues to this day with around 20 physicians appointed to perform the task. Because there are already 20 physicians assigned to handle the task, in order to achieve interobserver reliability (interobserver reliability = the ability to ensure that different reviewers will give the same answer to the request, and that the answer to the same request will not differ between reviewers) on one hand and public transparency on the other hand, a list of indications for the use of cannabis for medical reasons was issued, and an indication committee was erected serving as the formal agency to add or delete indications and their specifications.

   b) **The amount of medical marihuana an individual user is permitted to possess and/or consume and how those amounts are determined**

   In Israel, under the MCP, a patient is permitted to possess up to 100 g of dried Cannabis, each according to his own license issued by the Israeli Medical Cannabis Agency. The amount was determined by trial and error, by me. in the beginning, I issued permits for 200 g a month. When I asked for feedback, most patients replied that they used much less and no more than half the amount. At that dose (200 gr a month), there were also much more side effects reported. One can still request a permit for more than 100 g a month, but his physician

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needs to explain the medical need and state that there is no state of abuse or addiction.

c) How individual dosages are determined

All patients start with a dose of up to 20 g per month or 0.66 g per day, divided to one to four times a day. The dose can be elevated once a month in steps of up to 20 g at the most. With each increase of the dose, the requesting physician has to describe the benefits of the cannabis treatment so far and what further benefits the physician expects from the increased dose. As stated, the dose can be increased in steps of 20 g each. Doses can be increased up to a total of 100 g per month. Doses above 100 g per month have to be approved and certified by an exception committee (usually the same members of the indication committee).

d) Restrictions, if any, on the forms of medical marihuana that may be consumed

In Israel, cannabis for medical reasons can be consumed in one of several ways:

1. Smoking of dried cannabis flowering tips
2. Vaporizing dried cannabis flowering tips (at this point in time, there is only one vaporizer certified by the Israeli Ministry of Health)
3. Cannabis oil for consumption by oral pathways
4. Consumption of cannabis cookies allowed only for juveniles

e) Restrictions, if any, on the medical conditions for which the consumption of medical marihuana may be authorized

The medicinal use of cannabis in Israel is allowed only within a specific set of indications and their specifications (communication of the Israeli Ministry of Health, Pharmaceutical Department: no. 105[1] and 106[2] of the Department of Pharmacy in the Ministry of Health). An application has to be done by a specialist in the medical field related to the request, which will also do the medical follow-up.

The indications allowed at this point in time are as follows:

1. Chronic neuropathic pain with a known organic origin. The patient has been in treatment in a pain clinic or under a pain specialist for at least a year with less than adequate success. The follow-up for success of cannabis treatment has to be done with an accepted pain scale.
2. Malignancy—A. Treatment of chemotherapy-induced side effects.
   B. Malignancy-related pain.

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3. Crohn's disease (ulcerative colitis to a lesser degree) unresponsive to conventional treatment.
4. Patients with HIV who are registered and treated in one of the centers for treatment of HIV infection. The patient has to exhibit either loss of weight of more than 10% or CD4 < 400.
5. Multiple sclerosis with spasticity that is unresponsive to conventional treatment.
6. Parkinson's disease with a duration of more than a year, with severe pain and unresponsive to conventional treatment.
7. Tourette syndrome—Long-standing and interfering with daily life activities. Patient has to be older than 18 years. A recommendation has been issued by both a neurologist and a psychiatrist.
8. Fibromyalgia patients—Duration of the disease for more than a year and at least two therapeutic trials with one of the three known agents for the treatment of fibromyalgia (duloxetine, pregabalin, or milnacipran). The request has to be authorized by a committee of at least two rheumatologists appointed by the Ministry of Health and the Israeli Rheumatologist Association.
9. PTSD has been added only lately by the indication committee (June 26, 2014) and is still waiting confirmation by the director general of the MOH. Duration of the disease at least for three years. Severity of disease: eligible for at least 30% of the disability according to standards of the social security. Has tried at least two separate drug trials, known for the treatment of PTSD, of sufficient longevity, that is, of at least two months' duration, and of adequate dosage. Has been treated for a sufficient time with at least one short-term psychotherapy.
10. End-of-life patients—Less than half a year of life expectancy.

f) Whether the production of medical marihuana in residences is permitted and, if not, how medical marihuana is supplied to the user

When the cannabis project was initiated, the patients were supplied the product from what was caught from police confiscations. Since the origin of those confiscations was unworthy (from clinical perspective) at best, it was decided that the patient will get a permit for residential growth. At that point in time, patients received a license allowing them to grow up to 10 plants, up to the height of 150 cm each, and to hold up to 200 g of dried cannabis flowers at any point. Since most of the permits were issued to patients with malignancy, the MOH started to get complaints that patients who suffer from malignancy have no time to start growing by themselves and that actually the MOH is stirring them to buy

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cannabis from criminal sources. Because of those reasons, when Tsachy Cohen, in 2006 (now known as Tikun Olam Company), offered to grow cannabis for patients for free, I accepted his offer. Up to 2010, seven more growers were allowed by me to operate, supplying patients free of charge. In 2010, they were allowed to charge for their services a fixed amount of 360 NIS per month (around US $100) with no connection to the amount of cannabis supplied (the same system continues up to this day with the exception that the price is now 370 NIS per month). From that time, the health ministry decided that no new residential growing licenses will be issued . In addition, any residential grower that for any reason needs to buy cannabis from one of the growers (usually because of crop failure) had to concede his residential growing license and get a license to buy cannabis from one of the growers instead.
The economic burden to the patient is not an issue in Israel because the cost for the patient for his medical-grade cannabis is very low in comparison with the Western world. Even if the patient receives only 20 g a month, the average cost per gram will be around $5 and will go down as the patient's monthly prescription of medical-grade cannabis goes up.
The bottom line is that now no new residential growing permits or licenses are being issued and there are less than 25 residential growing licenses left.

2. The dosages of cannabis that have been prescribed to patients through the Israeli medical cannabis program and the medical justification for these dosages

In the beginning (1992–2003), only 64 permits were issued, each allowing a person to hold up to 200 g of dried cannabis at each point in time. The permit did not state the medical regimen for the cannabis, that is, the amount per day or per month. At that time, the cannabis was supplied to the patients from police holds.In 2003, I decided (with the consent of the deputy general and the forensic department of the MOH) to allow patients to grow cannabis by themselves since the origin of the cannabis from police holds is unreliable at best (manufactured by usually unknown outlaws). I decided to be in keeping with the amount allowed of 200 g to be held at any point in time because in home agriculture, you cannot foresee the coming corps and I wanted to make sure the patients have enough for the continuation of therapy. Around 2005, when I started allowing patients to grow cannabis for other patients, by law, I had to define the amount or allowance that a grower can pass to a patient. Initially, it was decided (with the help of the above mentioned committee) on a 100 g allowance per month. When I started the program with commercial growers who at the start (for three years) gave the patients their product for free, it was needed to know exactly what is the

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amount needed for the permits that have already been issued and are still valid (some have become redundant due to discontinuation due to death, no significant medical results, side effects, and so forth) and also to foresee the future needs for at least the coming year (in order to know the quantities of product we will demand from the growers and to issue them the certificates needed for growing lawfully). I noticed, by questioning the patients and their physicians, that most of them did not need 100 g per month (we also had partial data based on how many times per year did the patient used his right to get the monthly allowance of 100 g). Because of that, I gradually decreased the starting dose simultaneously using the proverb "start low go slow," understanding and stressing that in medicine you want to use the minimal adequate dose. The Medical cannabis agency now start up to 20 g a month and increase gradually 10 to 20 g a month in accordance with the following physician report on improvement.

Because we saw nearly no further improvement with doses above 100 g a month I decided that the maximal dose will be 100 g a month. The Ministry (due to the request of the legal department) left the option to file a request to an exemption committee (whose members are those of the indication committee) to permit a higher maximal dose. The physician who is treating the patient has to put in writing his explanation for the need of using a higher dose in this specific patient and take full responsibility for the treatment.

The policy on dosing emerged organically over time. It was also based on the desire to minimize side effects, concerns about liability due to the unknown long term effects of cannabis consumption and the emerging scientific evidence on the use of cannabis for medical purposes.

The number of active permits in Israel (July 2014) is 13,553 listed in the main registry and additional around 4,000 in the oncological registry. There are 86 permits for amount of cannabis exceeding 100gr. A month, the highest dose not exceeding 200gr. A . The average dose is 33.5.gr. A month. One should remember that up to this point in time there is a specific venue for permits issued by head of oncology departments in general hospitals (the reason I allowed that options is that oncology patients needed a fast venue for permits since it was needed for their chemotherapy and could not wait for the application to take the usual time of processing their application by the Israeli cannabis agency which can take up to five weeks.

a) **Fear of side effects**

Most of the side effects of cannabis use are considered minor like—vertigo, dizziness, red eyes, and so on—that pass after discontinuation. The major side effects are psychiatric, mainly triggering psychosis and schizophrenia[3,4,5] and the risk of cardiac ischemia or infarction[6,7]. There are at least two kinds of receptors

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for cannabinoids in the human body. CB1 is located mainly in the CNS and is implicated mainly with the psychoactive component and pain management of cannabis treatment. CB2 is located at the peripheral nervous systems and other organs of the body and is implicated mainly pain management, inflammatory processes and immune reactions. It is stated that CB1 and CB2 receptors have opposing roles in cardio metabolic risk and atherogenic (generation of plaques in the arteries) inflammation.[8]

b) Fear of future litigation

We do not know at this point in time, the consequences of long-term medicinal use of cannabis, for instance, hazards to the developing brain[9] or the cognitive effects in patients with multiple sclerosis.[10] That is why it is advised to avoid as much as possible prescribing cannabis to children, adolescents, and young adults. Because of this and the lack of knowledge on the long-term adverse effects of cannabis, physicians prefer using the lowest effective dose. There is also the unsettled debate of higher involvement in motor vehicle accidents[5,11] especially lethal ones, among cannabis users (up to now, it has not been checked specifically among medicinal cannabis users).

c) Scientific evidence

1. Pharmacokinetics: After smoking, venous blood levels of THC fall rapidly, and an hour later, they are 5% to 10% the peak level. Plasma clearance is relatively high. The rapid disappearance of THC from the blood is mainly due to redistribution to other tissues in the body, especially the brain.[12] that is why plasma level is not an efficient estimate for the longitude of cannabis effect.
2. The most extensive research that has been done so far on dosing and preferences of a medical cannabis user is that of A. Hazekamp[13] published in 2013. The survey in this study was completed by 953 patients (all using or used medical cannabis) from 31 countries (see Table 2 below from the same paper). Concerning doses, the mean dose for all forms of taking cannabis (smoking, vaporizer, swallowing (per os)) is around 3 g per day.

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TABLE 2
Daily Dose, Daily Frequency, and Onset of Effects; Mean Values are Shown

	Smoking	Vaporizer	Tea	Food/Tinc	Dronabinol	Nabilone	THC vap	Nabiximols	Other
a) Daily use (units are inaccurate)	3.0 gram	3.0 gram	2.4 gram	3.4 gram	30.1 mg	4.4 mg	35.1 mg	17.3 sprays	3.2 gram
b) Daily frequency (times per day)	6.0	5.2	1.9	1.8	2.5	3.2	6.8	10.9	3.1
c) First onset of effects (minutes)	7.0	6.5	28.9	46.5	52.9	39.4	2.5	13.1	18.3

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3. One of the questions on cannabis therapy is how many times a day should cannabis be administrated. Ware et al.[14] show that at least in pain from noncancerous origin (which is one of the main indications for cannabis treatment), it is usually up to once daily. Cannabis affects last four to six hours so there is no apparent scientific reason to use cannabis more than six times a day.
4. Tolerance and dependence: There is a growing literature concerning the development of tolerance, dependence, and withdrawal from cannabis use, especially among heavy cannabis users.[17,16,15] Because of this, physicians prescribing cannabis should be extra cautious when starting the medication or increasing the dosage. The physician should be able to do a full assessment of the success rate without relying only on the subjective rating of the patient or his demands for dose increase.

5. Inverted U curve with escalating doses: There is cumulating evidence that the response to escalating doses of cannabis has an inverted U shape, for instance, the hyperalgesia that is seen in normal volunteers treated with higher doses of cannabis as opposed to medium doses.[18] More evidence can be seen in the work of M. A. Huestis[19] showing an inverted U dose curve (inverted U dose is when with escalating the dose the response is better up to a point when escalating dose is lowering the response i.e as the dose increases above a certain point the effectiveness of cannabis decrease and risk side effects increase);) and the effect on the cardiovascular system. This is one more reason why physicians prescribing cannabis should be extra cautious when using escalating doses especially when reaching high doses (above 2 g. per day).

DATE: 26 October 2014 SIGNATURE:

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14.M.A. Ware, "Cannabis use for chronic non-cancer pain: Results of a prospective survey". Pain 2003, 102: 211–216.J. Budney, "The cannabis withdrawal syndrome". Current Opinion in Psychiatry 2006, 19(3): 233–238.

15.A. J. Budney, "The cannabis withdrawal syndrome". Current Opinion in Psychiatry 2006, 19(3): 233–238.

16.J. Ceccarini, " [18F]MK-9470 PET measurement of cannabinoid CB1receptor availability in chronic cannabis users". Addiction Biology 2013:1–11.

17.V. Wolff, "Cannabis-related stroke: Myth or reality?" Published online December 27, 2012.

18.M. Wallace, "Dose-dependent effects of smoked cannabis on capsaicin induced pain and hyperalgesia in healthy volunteers". Anesthesiology 2007, 107: 785–96.

19.M. A. Huestis, "Human cannabinoid pharmacokinetics". Chem Biodivers 2007, 4(8): 1770–1804.

"B"
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Department of Justice Canada
Ministère de la Justice Canada

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Vancouver, British Columbia
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June 2, 2014

By Email to

Dr. Yehuda Baruch
Abarbanel Mental Health Center
Keren Kayemet Street 15,
Bat Yam, Israel

Dear Dr. Baruch:

Re: *Allard et al. v. Her Majesty the Queen in Right of Canada*
Instruction Letter for Expert Report

Thank you for agreeing to provide the Attorney General of Canada ("AGC") with an expert report in the matter of *Allard et al. v. Her Majesty the Queen in Right of Canada*. As discussed, this Federal Court litigation involves a constitutional challenge to the *Marihuana for Medical Purposes Regulations* (the "MMPR").

Background Information

The plaintiffs in this litigation, all of whom are medical marihuana users, are challenging the constitutionality of the MMPR on the basis that they cause several unjustified violations of their rights to liberty and security of the person under the Canadian *Charter of Rights and Freedoms*.

The plaintiffs' constitutional challenge in *Allard* focuses on four aspects of the MMPR that differ from the old medical marihuana regime: (1) the elimination of personal cultivation of marihuana in favour of requiring approved individuals to purchase from licensed producers; (2) the restriction that licensed producers may not cultivate marihuana in dwelling places or outdoor areas; (3) the limit on possession of marihuana to either 150g or 30 times the amount prescribed for daily consumption by the individual's medical practitioner, whichever is less; and (4) the failure of the MMPR to permit the production and possession of non-dried marihuana such as cannabis oils, salves, tinctures and edibles.

The plaintiffs have obtained an injunction from the Court that permits them to continue personal production of medical marihuana until the constitutionality of the MMPR is decided by the Court.

The AGC is the defendant and it is the AGC's position that the current medical marihuana regime is constitutionally sound, a position that will be defended by legal counsel

Facts and Assumptions

The facts alleged by the plaintiffs are outlined in the Amended Notice of Civil Claim which is enclosed.

Questions for Your Expert Report

Please address the following matters in your expert report:

(1) How Israel's medical cannabis program was developed, including the policy rationale(s) behind any rules that govern:

a) The process by which individuals become authorized to consume medical marihuana;
b) The amount of medical marihuana an individual user is permitted to possess and/or consume and how those amounts are determined;
c) How individual dosages are determined;
d) Restrictions, if any, on the forms of medical marihuana that may be consumed;
e) Restrictions, if any, on the medical conditions for which the consumption of medical marihuana may be authorized;
f) Whether the production of medical marihuana in residences is permitted and, if not, how medical marihuana is supplied to users.

(2) The dosages of cannabis that have been prescribed to patients through the Israeli medical cannabis program and the medical justification for these dosages.

Format of Your Expert Report

Your report must be prepared in accordance with the Federal Courts Rules. As such, we ask that you do the following in the body of your report:

1. Set out the issues to be addressed in the report;
2. Describe your qualifications on the issues to be addressed;
3. Attach your current curriculum vitae as a schedule to the report;
4. Attach this letter of instruction as a schedule to the report;
5. Provide a summary of your opinions on the issues addressed in the report;
6. Set out the reasons for each opinion that is expressed in the report;
7. Attach any publications or other materials specifically relied on in support of the opinions;
8. If applicable, provide a summary of the methodology used in the report;
9. Set out any caveats or qualifications necessary to render the report complete and accurate, including those relating to any insufficiency of data or research and an indication of any matters that fall outside of your field of expertise; and,
10. Particulars of any aspect of your relationship with a party to the proceeding or the subject matter of your report that might affect your duty to the Court.

Please number each paragraph of your report as this will aid us in referring to your report in Court.

Please sign and date your report.

Duty to the Court

As an expert witness, you have a duty to the Court which is set out in the attached Code of Conduct for Expert Witnesses. Please carefully review this Code of Conduct and, after doing so, sign the attached Certificate and send it back to us.

Due Dates and Procedural Matters

We are required to file our expert reports on or before November 1, 2014. The trial has been set for three weeks commencing February 23, 2015. You may be required to attend the trial for cross-examination and, if so, we will attempt to accommodate your schedule to the extent possible.

Please keep all correspondence pertaining to this assignment in a separate "Expert Witness Report" folder.

We look forward to receiving a draft of your report the **first week of September, 2013.**

Please do not hesitate to contact me by telephone at 604-666-4031 if you require further information or have questions regarding the foregoing.

Yours truly,

Robert Danay
Counsel

Enclosures: Certificate for Expert Witnesses; Code of Conduct for Expert Witnesses; Amended Notice of Civil Claim

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Court File No. T-2030-13

FEDERAL COURT

BETWEEN:

NEIL ALLARD
TANYA BEEMISH
DAVID HEBERT
SHAWN DAVEY

PLAINTIFFS

and

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANT

Certificate Concerning Code of Conduct for Expert Witnesses

I, Yehuda Baruch, having been named as an expert witness by the Defendant, Her Majesty the Queen in Right of Canada, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

Date: 26 October, 2014

Dr. Yehuda Baruch
Abarbanel Mental Health Center
Keren Kayemet Street 15
Bat Yam, Israel
Phone: +972506242039
Fax: +97236583503

CURRICULUM VITAE AND LIST OF PUBLICATIONS

• **Personal Details**

Name:	Yehuda Baruch
I.D No.:	054173521
Date and place of birth:	23.12.57 – Tel Aviv - Israel
Regular military service:	10/82 – 12/03

Address and telephone number at work:
Abarbanel Psychiatric Center – 15 KK"L St. Bat-Yam 03-5552611

Address and telephone number at home:
10/1 Pikus St., Gdera, Israel 70700

• **Education**

M.D. - 1975- 82- Tel Aviv university- Faculty of Medicine
Thesis: Rt. Circumflex artery occlusion and right ventricular Function.
Advisor: Prof. A. Batler, Cardiology Department, Shiba Medical Center.

M.H.A. - 1998-2000 - Tel Aviv University – School of Management.

Residency in psychiatry: 1987 – 1992 – Geha Psychiatric Hospital

Residency in health management: 1999 – 2002 Shiba Medical Center and Ministry of Health.

• **Employment History:**

15.11.04	Director general – Abarbanel Mental Health Center
2001 -2004	Director of medical management division – Ministry of Health.
1999 – 2001	Director general – Be'er Yakov Mental Health Center.
1997-1999	Head of the northern command, medical corps – I.D.F
1982 – 1997	Various positions in the I.D.F medical corps

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1987- 1992 Residency in psychiatry – Geha Mental Health Center

- **Professional Activities** (in reverse chronological order)

(a) Ben Gurion University of the Negev:

1. Media in medicine (2004) - course for M.H.A students
2. Health systems in the world (2002 - to now) – mandatory course for M.H.A students.
3. Mental health in disaster management – Sri Lanka 2005 – certification by Ben Gurion University of the Negev.

(b) Tel Aviv University:

1. Sackler School of Medicine – active teaching of medical students – Abarbanel Mental Health Center - 2004 -to now.
2. Sackler School of Medicine – active teaching of medical students Geha Mental Health Center – 1987-1992
3. Lecturer in Health Management (MHA).

(c) Bar Ilan University:

1. Health systems in the world (2009 - to 2012) – mandatory course for M.H.A students.
2. Mental Health System in Israel (2011 to now) - course for M.H.A students.

(d) Significant professional consulting

2005 - Eshet – rehabilitation of mental health patients

2003 to 2012 - Director of the Israel MGC Program - Israel MOH

2010 – director at TLC (tender Loving Care) – old age homes.

(e) Membership in professional/scientific societies

1995 - to now Israel Psychiatric Society

1999- to now Israel Society of Hospital Directors

2005- to now Israel Medical Management Society.

2011- to now – Ilsam Israel

2008 – to now director of the Israel Psychiatric Centers Forum

2006- 2012 head of Tel Aviv branch of the Israel Psychiatric Society

2011- to now head of the society for treatment of Addiction – Ilsam Israel.

• Awards, Citations, Honors, Fellowships

(a) Honors, Citation Awards (including during studies)

2002 – Residency in Medical Management - cum laude

• Scientific Publications:

(a) Articles in scientific journals:

1. Spivak B., Radvan M., Elimelech D. , **Baruch Y.**, Avidan G., Tyano S - A Study of the Complement System in Psychiatric Patients - Biol. Psychiatry 1989; 26; 640- 642..
2. Zemishlany Z., Aizenberg D., **Baruch Y** , Aronson M. - Leukocyte Adhesiveness/Aggregation and Neuroleptic Drug Treatment - International Clinical Psychopharmacology, 1991, 6, 111-115.
3. Spivak B., Radvan M., Brandon J., **Baruch Y.**, Stawski M., Tyano S., Weizman A. - Reduced Total Complement Haemolytic Activity in Schizophrenic Patients - Psychological Medicine, 1993; 23; 315 – 318.
4. Shirin H.,Pomeranz M., **Baruch Y.**,.Berliner S. - Differentiation Between Major and Milder Acute Mental Stress by Means of the Leukocyte Adhesiveness/Aggregation Test - Behavioral Medicine, 1994;19; 175- 179.
5. Strous RD, Shtain M, Oselka-Goren H, Lustig M, Stryjer R, Zerzion M, **Baruch Y**, Chelben J. - Anticipatory Reactions of Psychiatric Inpatients to the Year 2000-. Journal of Nervous and Mental Disease 2000;188:786-788.
6. Chelben J, Strous RD, Lustig M, **Baruch Y** –Remission of SSRI induced Akathisia following switch to Nefazodone - J of Clinical Psy.2001; 62-67.
7. Buchman N, Strous RD, **Baruch Y** – "Side Effects following Long Term Treatment with Fluoxetine" -- International Journal of Clinical Psychopharmacology. Clin-Neuropharmacol. 2002; 25(1): 55-7 .

8. . Stryjer R, Bar F, Strous RD, **Baruch Y**, Rabey JM. Donepezil Management of Schizophrenia with associated Dementia. J-Clin-Psychopharmacol. 2002 ; 22(2): 226-9.

9. Haver E., **Baruch Y.**, Kotler M – Special Editorial: the Structural Reform of Mental Health Services – Isr. J of Psy. 2003;40(4):235-238.

10. Strous R D; Stryjer R; Weiss M; Ofir D; Bar F; **Baruch Y**; Kotler M – "DSM-IV Self-Report and Subjective Evaluation by Psychiatrists in Israel." - Isr-J-Psychiatry-Relat-Sci. 2004; 41(3): 197-207.

11. Haver E., **Baruch Y**–"Reform in Mental Health Services – from whence to where" –Harefua 2005 ;144(5):327-31,383,382.

12. Benyamini O G; **Baruch Y**; Martonovits G; Weiss Y; Benedek P; Ohana N; Bar-Dayan Y - Israel : a Comparison of Army Personnel Satisfaction Rates in Different Primary Healthcare Settings – J Healthcare Qual. 2005 ;27(3):34-9,43.

13. **Baruch Y.**, Kotler M.,Lerner Y.,Benatov J.,Strous R.D. – "Psychiatric Admissions and Hospitalization in Israel: an Epidemiologic Study of where we stand today and where we are going" – IMAJ, 2005 (7); 803 – 807.

14. **Baruch Y** – Psychogeriatrics in Israel – Gerontology 2005;32(2); 13 -20.

15. Barak Y, Mazeh D, Plopski I, **Baruch Y** – "Intramuscular Ziprazidone Treatment of Acute Psychotic Agitation in Elderly Patients with Schizophrenia" - Am. J. Geriat. Psychiatry – Jul 2006 14;7 629-633.

16. Rotenberg V. S., Cholstoy A., **Baruch Y.** – "Behavioral Attitudes and the Duration of Search for Job in Unemployed Women" - Homeostasis No. 3 Vol. 44:97 – 103 Nov. 2006

17. Rabinowitz I, **Baruch Y**, Barak Y. – "High-dose escitalopram for the treatment of Obsessive-compulsive disorder". - Int Clin Psychopharmacol. 2008 Jan;23(1):49-5.

18. Barak Y, **Baruch Y**, Achiron A., Aizenberg D. – "Suicide attempts of schizophrenia patients: A case-controlled study in tertiary care". J Psychiatr Res. 2008 Aug;42(10):822-6.

19. Tadger S., **Baruch Y.**, Barak Y. – " Symptomatic remission in elderly schizophrenia patients treated with long-acting risperidone." Int Psychogeriatr. 2008 Jul 14:1-6.

20. Aviv A, Bromberg G, **Baruch Y**, Shapira Y, Blass DM. - "The role of environmental influences on Schizophrenia admissions in Israel" - Int J Soc

Psychiatry. 2011 Jan;57(1):57-68.

21. **Baruch Y**, Tadger S., Plopski I., Barak Y. – " Asenapine for elderly bipolar manic Patients" – Journal of Affective Disorders

22. Aviv A., Bromberg G., **Baruch Y.**,Shapira Y., Blass D.M. – " the role of environmental Influences on Schizophrenia Admissions in Israel" – Inter. J. Of Social Psychiatry, Vol.57 (1), Jan 2011.

23. Barak Y, Swartz M, **Baruch Y.** – "Venlafaxine or a second SSRI: Switching after treatment failure with an SSRI among depressed inpatients: A retrospective analysis". - Prog Neuropsychopharmacol Biol Psychiatry. 2011 Aug 15;35(7):1744-7. Epub 2011 Jun 24 .

24. Bleich A, **Baruch Y**, Hirschmann S, Lubin G, Melamed Y, Zemishlany Z, Kaplan Z. " Management of the suicidal patient in the era of defensive medicine: focus on suicide risk assessment and boundaries of responsibility." Isr Med Assoc J. 2011 Nov;13(11):653-6. Review.

25. Shelef A, Hiss J.,Cherkashin G., Berger U., Aizenberg D., **Baruch Y.**,Barak Y. – "Psychosocial and Medical Aspects of Older Suicide Completers in Israel: a 10-year Survey" – Ger. Psy 2014 .

26. .Amira O., **Baruch Y**, Tadger S, , Barak Y – "Real Life Decision Making of Serious Mental Illness Patients" Opt-in and Opt-out research participation". IJAP.

27. **Baruch Y**, Tadger S, Plopski I, Barak Y – "Asenapine for elderly bipolar manic patients." - J Affect Disord. 2013 Feb 15;145(1):130-2.

28. **Baruch Y**, Swartz M, Sirkis S, Mirecki I, Barak Y – "Staff happiness and work satisfaction in a tertiary psychiatric center" - Occup Med (Lond). 2013 Jul 23.

29. Barak Y, Swartz M, **Baruch Y** – " Venlafaxine or a second SSRI: Switching after treatment failure with an SSRI among depressed inpatients: a retrospective analysis" - Prog Neuropsychopharmacol Biol Psychiatry. 2011 Aug 15;35(7):1744-7.

30. Aviv A, Bromberg G, **Baruch Y**, Shapira Y, Blass DM – " The role of environmental influences on schizophrenia admissions in Israel" - Int J Soc Psychiatry. 2011 Jan;57(1):57-68.

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(b) Chapters in collective volumes :

1. Elitzur A. Baruch Y., Lerner Y., Shani M. The mental healh reform in Israel. In: Kop J., editor. Budgetary allotments for social services. Jerusalem: Taub center, 2004 (in Hebrew) 301 - 332.
2. Rosen B - Health care systems in transition – Israel –vol. 5 no. 1 2003- European OBSERVATORY on health care systems-. - chapter on mental health Care by Baruch Y

• Lectures and Presentations at Meetings and Invited Seminars not Followed by Published Proceedings

(a) Invited plenary lectures at conferences/meetings

1. **Baruch Y** – Proposed mechanism for the regulation of complementary and alternative medicine – the first Israeli conference on complementary and alternative medicine – 24-26.03.2006 –Israel.

(b) Presentation of papers at conferences/meetings

1. **Baruch Y.**, Munitz H. – 2003 – The Israeli mental health reform (oral) – Dead Sea conference.
2. **Baruch Y.**, Rotem M.- 30/11/2000 - Quality management in the IDF medical corps (oral)- Jerusalem.
3. **Presentation on cannabis treatment at conferances on pain management 2010' 2011'2012'2013.**

(c) Presentations at informal international seminars and Workshops

1. Jerusalem 2004 – Jewish Healthcare International – Medical Education

Around the Globe - and world conference on Jewish social and medical services for the elderly.

(d) Seminar presentations at universities and institutions

1. 2005 - Psychosocial help during emergencies – Colombo University – Sri Lanka

• **Synopsis of research, including reference to publications and grants in above lists**

• **Present Academic Activities**

Research in progress:

1. Treatment of fibromyalgia with cannabis oil.
2. Treatment of PTSD with cannabis oil..

• **Additional Information**

1. Director General of the IDF field hospital in Bhuj India sent as help after the earthquake – Jan 2001.
2. Director of the mental health consultation delegation to post tsunami Sri Lanka- sent by the Israeli government in reply to a request made by the Sri Lankan government –Jan 2005.
3. Co director with Prof. Mooli Lahad of one year course in psychosocial help after disasters - Sri Lanka 2005/6 - certified by Ben Gurion University of the Negev.