The College of Physicians and Surgeons of Ontario

Marijuana for Medical Purposes

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INTRODUCTION

The Government of Canada's *Marihuana for Medical Purposes Regulations (MMPR)*[1] establish the legal framework that enables patients to obtain authorization to possess dried marijuana for medical purposes.

These regulations give physicians primary responsibility for the decision to authorize patient use of dried marijuana for medical purposes. Physicians enable patients to access a legal supply of dried marijuana by completing a medical document that functions like a conventional prescription.

While conclusive evidence regarding the safety and effectiveness of dried marijuana as a medical treatment is limited, many patients, physicians, and researchers have voiced support for the cautious and compassionate use of dried marijuana, particularly where other therapeutic options have been exhausted and failed to alleviate the patient's symptoms. Furthermore, court rulings have required reasonable access to a legal source of dried marijuana for medical purposes when authorized by a physician.[2]

In keeping with the College's mandate to serve and protect the public, this policy sets out expectations for physicians relating to the prescribing of dried marijuana for medical purposes.

These expectations are grounded in the principles of medical professionalism set out in the Practice Guide, and take into account the best available evidence regarding the medical use of dried marijuana.

[1] *Marihuana for Medical Purposes Regulations*, SOR/2013-119.
[2] R. v. Mernagh, 2011 ONSC 2121.

PRINCIPLES

The key values of professionalism – compassion, service, altruism and trustworthiness – form the basis for the expectations set out in this policy. Physicians embody these values and uphold the reputation of the profession by:

1. Acting in the best interests of their patients;
2. Demonstrating professional competence, which includes maintaining the medical knowledge and clinical skills necessary to prescribe appropriately;
3. Collaborating effectively and respectfully with patients, physicians and other health-care providers;
4. Avoiding or appropriately managing conflicts of interest;[3] and
5. Participating in the self-regulation of the medical profession by complying with the expectations set out in this policy.

PURPOSE AND SCOPE

This policy sets out the College's expectations of all physicians who prescribe dried marijuana for medical purposes.

TERMINOLOGY

Marijuana: Throughout this policy, the terms "marijuana" and "dried marijuana" should be understood to mean only harvested marijuana that has been subjected to a drying process. Under the *MMPR,* federally licensed producers of dried marijuana are only permitted to sell marijuana in its dried form; marijuana-derived resins, oils, extractions or edible products are illegal.

Medical document: The *MMPR* require that patients obtain a medical document completed by an authorized healthcare practitioner in order to access a legal supply of dried marijuana for medical purposes. The medical document contains information that would normally be found on a prescription, including the patient's name, the physician's name and CPSO number, the daily quantity of dried marijuana to be used by the patient, and the period of use, among other information.[4] Completed medical documents must be submitted directly to a federally licensed producer of dried marijuana in order for dried marijuana to be dispensed to the patient.

[3] For more information on conflicts of interest, please see Part IV of the General, O. Reg., 114/94, enacted under the *Medicine Act, 1991*, S.O. 1991, c. 30 (hereinafter *Medicine Act, General Regulation*).
[4] Section 129 of the *Marihuana for Medical Purposes Regulations.*

Prescription: Throughout this policy, the term "prescription" should be understood to include the completion of a medical document in accordance with the *MMPR*.

POLICY

It is the College's position that the medical document required under the *MMPR* is equivalent to a prescription.

Physicians who prescribe dried marijuana must comply with the expectations set out in this policy as well as the expectations and guidelines for prescribing that are set out in the College's Prescribing Drugs policy. Physicians must also ensure compliance with the *MMPR* and any other relevant College policies, including, but not limited to, the Dispensing Drugs, Complementary/Alternative Medicine, and Telemedicine policies.

1. Before Prescribing

Physicians must always practise within the limits of their knowledge, skills and judgment[5], and never provide care that is beyond the scope of their clinical competence.[6]

Assessing the appropriateness of dried marijuana for the patient

In all cases, physicians must carefully consider whether dried marijuana is the most appropriate treatment for their patient.

As part of this process, physicians must weigh the available evidence in support of dried marijuana against other available treatment options, including the oral pharmaceutical form of cannabinoids.

Physicians must also consider the risks associated with the use of dried marijuana, which may include, among others, a risk of addiction, symptoms of chronic bronchitis, and the onset or exacerbation of mental illness, including schizophrenia.[7]

[5] Sections 2(1)(c), 2(5), O. Reg. 865/93, *Registration*, enacted under the Medicine Act, 1991, S.O. 1991, c.30; Changing Scope of Practice policy; The Practice Guide.

[6] This expectation applies to all non-emergent situations. In emergency situations, physicians may be permitted to act outside their scope of expertise in some circumstances. See the Physicians and Health Emergencies policy for more detail.

[7] For a more complete overview of the adverse health effects associated with the consumption of dried marijuana, please see: Volkow, N.D, et al. (2014). Adverse Health Effects of Marijuana Use. *The New England Journal of Medicine*. 370(23): 2219-2227.

Physicians are expected to comply with the applicable standard of practice when assessing the risk of dried marijuana to their patients and take such steps as are clinically indicated in the specific circumstances of each case to mitigate those risks. The published literature with respect to dried marijuana provides some general guidance as to some of the recommended components in such a risk assessment. These include, among others, an assessment of each patient for their risk of addiction and substance diversion,[8] and an assessment of risk factors for psychotic disorders, mood disorders, and other mental health issues that may be affected by the use of dried marijuana.[9]

Obtaining informed consent

In order to authorize any therapeutic intervention, physicians must always obtain valid and informed consent in accordance with their legal obligations[10] and the College's Consent to Medical Treatment policy.

In keeping with these obligations, physicians who prescribe dried marijuana must advise patients about the material risks[11] and benefits of dried marijuana, including its effects and interactions, material side effects, contraindications, precautions, and any other information pertinent to its use. As part of this discussion, physicians must caution all patients who engage in activities that require mental alertness that they may become impaired while using dried marijuana.[12]

[8] Physicians who wish to find further guidance with respect to preventing prescription drug abuse and assessing patients for their risk of addiction should refer to the National Opioid Use Guideline Group, Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain and the Specific Issues in Prescribing: Narcotics and Controlled Substances section of the College's Prescribing Drugs policy.

[9] Epidemiological evidence suggests that marijuana use, particularly in adolescence, can accelerate the onset or worsen the long-term prognosis of schizophrenia and other psychotic disorders. For more information, please see: D'Douza, D, Sewell, RA, & Ranganathan, M. (2009). Cannabis and Psychosis/Schizophrenia: Human Studies. *European Archives of Psychiatry and Clinical Neuroscience*. 259(7): 413-417.

[10] *Health Care Consent Act, 1996,* S.O. 1996, c. 2, Sched. A.

[11] The material risks that must be disclosed are risks that are common and significant, even though not necessarily grave, and those that are rare, but particularly significant. In determining which risks are material, physicians must consider the specific circumstances of the patient and use their clinical judgment to determine the material risks.

[12] An important consideration is the impact consumption of dried marijuana may have on an individual's ability to safely operate a motor vehicle. The consumption of marijuana has been correlated with an increased risk of traffic accidents based on epidemiological studies. For more information on the impact of dried marijuana on driving, please see: Neavyn, M, Blohm, E, & Babu, K. (2014). Medical Marijuana and Driving: A Review. *American College of Medical Toxicology*. DOI l0.1007/s13181-014-0393-4.

Furthermore, the College recommends that physicians explain to the patient the extent and quality of the evidence that informs their understanding of the appropriateness of dried marijuana for their clinical condition.

2. When Prescribing

Managing the risk of abuse, misuse and diversion

Dried marijuana, like many other conventionally prescribed drugs, carries with it a risk of abuse, misuse and diversion. As the risks posed by dried marijuana are not fundamentally different from those posed by other controlled drugs, physicians are advised to follow the guidelines for managing the risk of abuse, misuse and diversion of narcotics and controlled substances set out in the Prescribing Drugs policy.

The College also recommends that physicians who prescribe dried marijuana first require patients to sign a written treatment agreement.[13] This agreement should contain, at minimum, a statement from the patient that they: will not seek dried marijuana from another physician or any other source; will only use dried marijuana as prescribed; will store their dried marijuana in a safe and secure manner; and will not sell or give away their dried marijuana. The treatment agreement should contain a statement that if the agreement is breached, the physician may decide not to continue prescribing dried marijuana for medical purposes.

3. Charging Fees

The College considers the medical document authorizing patient access to dried marijuana to be equivalent to a prescription. Prescriptions, together with activities related to prescriptions, are insured services. Accordingly, physicians must not charge patients for completing the medical document, or for any activities associated with completing the medical document, including, but not limited to: assessing the patient, reviewing their chart, and educating or informing the patient about the risks or benefits of dried marijuana.

Physicians who are unsure about what services they may charge for are advised to refer to the College's Block Fees and Uninsured Services policy, and the OHIP Schedule of Benefits for further guidance.

[13] Treatment agreements are formal and explicit agreements between physicians and patients that delineate key aspects regarding adherence to the treatment.