



The Medico-Legal Society of Toronto (MLST) was founded in 1950 by a group of doctors and lawyers to promote medical, legal and scientific knowledge, cooperation and understanding between the professions in the interests of justice and in the best interests of patients and clients. The MLST's Submissions Committee is mandated to advocate on behalf of and in alignment with the MLST's mission, vision and objectives and would like to respond to the College of Physicians and Surgeons of Ontario's (CPSO) proposed Marijuana for Medical Purposes Policy (MMPP). In reviewing the proposed policy our views are as follows:

In reviewing the proposed policy, we would suggest that the following four additional issues be considered for inclusion: (1) that some guidance be included for alternative non-dried forms of marijuana; (2) that some education be included on the differences between synthetic cannabinoids and dried marijuana; (3) given the current lack of scientific information on dosing, that consultation be [permitted/encouraged] with legalized providers to allow physicians and patients to benefit while more formal research results are compiled; and (4) that the CPSO consider developing web-based sources of information for physicians and patients.

Marijuana is defined throughout the policy with “marijuana” and “dried marijuana” as being understood to mean only harvested marijuana that has been subject to a drying process. Under the MMPP, federally licenced producers of dried marijuana are only permitted to sell marijuana in dried form; marijuana derived resins, oils, extractions or edible products are illegal.

There are other non-dried forms of marijuana. An example would be oils which would be the same drug, in a form with less risk for bronchitis. These alternative non-dried forms of marijuana may be appropriate to some users. It is recommended that there should be some guidance from the CPSO on those alternative forms of marijuana as well. These could have the same concentration of CPD/THC and simply require a safe form of extraction. It is likely that patients and families of patients will perform concentration and extraction. Education and guidance on concentration and extraction would make this as safe as possible. As such, consumption by smoking marijuana is not feasible for all patients.

Oral and Buccal pharmaceutical cannabinoids have been around for years. Nabilone is a synthetic cannabinoid with therapeutic use as an adjunct analgesic for neuropathic pain mimicking the main chemical compound of cannabis (THC), the active ingredient found in naturally occurring cannabis. However, cannabinoids in the form of Nabilone, despite having been widely used, have not been so effective as to eliminate the use of dried marijuana as an alternative. It would be beneficial if the policy could also serve to educate the public and physicians currently, this policy does not include this type of education and information.

There is a lack of scientific information on dosage and there is a need for better scientific knowledge on whether higher or lower THC and CBD content would be beneficial for patients depending on their illnesses. It is recommended that consultation be allowed with legalized providers to supply some of this information to physicians and patients. It is admitted this would effectively do what pharmaceutical companies do. However, it would allow education until the research is performed and results are developed. The existing controlled trials were small, including patients who had previously smoked cannabis, and lasted approximately 1 to 15 days. There have been questions raised by the College of Physicians and Surgeons of Canada as to whether additional factors were omitted, such as functional status, quality of life and other important scenarios.

The CPSO should recommend the development and funding of research groups for, among other things, specific illnesses, doses and administration routes.

It is recommended that the CPSO provide guidance on what illnesses could be treated by marijuana or at least provide a link to the appropriate health care website. There should be further consideration of a link to a hotline for patients and providers. A hotline or web link of frequently answered questions could be developed to guide both patients and professionals on their respective responsibilities. Physicians will require clear guidelines (possibly algorithm) from the CPSO in order to be competent in prescribing medicinal marijuana.

We appreciate the opportunity to provide submissions as to the College of Physicians and Surgeons of Ontario's proposed Marijuana for Medical Purposes Policy (MMPP).