

Policy Department
CPSO
80 College Street
Toronto, Ontario

December 5, 2014

Attention: Policy Department
Re: Medical Marijuana Draft Policy

To whom it may concern,

The undersigned physicians have been involved in clinical work, research, policy and education of family medicine and addiction. This letter is in response to your request for feedback on the draft policy on medical marijuana. At the end of the letter we have appended names and affiliations of physicians who agree with this letter. Note that while we are collectively involved in a number of medical organizations, we have not sought or receive endorsement for this letter from any organization. Overall we support the draft document, but we believe it will be strengthened with the following revisions:

1. The College of Family Physicians of Canada has produced a document entitled "Authorizing dried cannabis for chronic pain and anxiety: Preliminary guidance document". We would suggest that the CPSO make physicians aware of its existence, or briefly summarize it, as the CMPA has done:

"The CFPC has published Preliminary Guidance for family doctors on authorizing dried cannabis for pain or anxiety. Among its recommendations, it is noted that authorization should only be considered in patients with neuropathic pain who have failed to respond to standard treatments, and physicians should assess and monitor all patients on cannabis therapy for potential misuse or abuse. The CFPC also notes that the authorizing physician, if not the patient's most responsible health provider, should communicate regularly with the family physician providing ongoing comprehensive care for the patient. Further, it is recommended physicians should specify the percentage of THC on the medical document. The document also states that physicians should follow the regulations of their provincial medical regulators."

2. The draft policy states that ‘the risks of dried cannabis are not fundamentally different from those posed by other controlled drugs.’ However, physicians should realize that the risks of *prescribing* dried cannabis are very different than the risks of prescribing controlled medications. Health Canada has neither reviewed nor approved the therapeutic use of cannabis; should the patient suffer harm from cannabis use, the physician cannot claim that the prescription met Health Canada’s standards. Furthermore, unlike controlled medications, physicians have no control over the route of delivery or the potency of the product supplied to the patient. Smoking, the route preferred by most cannabis users, is a dangerous and uncontrolled delivery system. Physicians cannot select the potency of the cannabis strain supplied to the patient, and most strains sold by Licensed Producers (LPs) are between 12-25%, far higher than the potency used in controlled trials.
3. If the CPSO is going to advise physicians to treat the document to prescribe marijuana as a prescription, they should also advise physicians to follow the same guidelines used when prescribing other medications, including specifying the concentration of THC on the prescription. As mentioned above, LPs are not legally obliged to honour a physician’s directive on THC potency, even if stated on the prescription. However, if physicians routinely state the potency on the script, LPs will be put on notice that the medical community expects compliance. Several of us are currently challenging Health Canada’s regulations in this regard.
4. The CPSO should advise physicians to avoid prescribing excessive doses, as the acute and chronic harms of cannabis are dose-dependent. LPs are currently urging physicians to prescribe doses of 1-3 grams (2-6 joints) per day. This dose range is dangerous and excessive. The CFPC’s preliminary guidance document recommends a therapeutic dose range of 100 to 700 mg of 9% THC.
5. We agree with the CPSO’s prohibition on charging patients for clinical tasks associated with prescribing cannabis. We understand that some marijuana clinics are charging annual education fees and other fees that are not related to prescriptions. We believe that all such fees should be prohibited.

6. Medical marijuana clinics should be obliged to publicly state their prescribing practices with respect to assessment, indications, contraindications, and dosing. We have heard anecdotal reports that some clinics are prescribing very high doses of potent dried cannabis, to patients for whom either cannabis is not indicated or is contraindicated. These clinics pose a risk to public safety. If marijuana clinics are required to explicitly state their prescribing practices, this will enable physicians to choose the safest clinic for their patient.
7. We believe that marijuana clinics can prescribe cannabis safely only if they expand the circle of care to include primary care physicians. The CPSO should direct marijuana clinics to prescribe cannabis only if the patient gives consent for release of information to their primary physician, even if the patient self-refers to the marijuana clinic. Otherwise, patients could receive high doses of cannabis from the marijuana clinic, while also receiving high doses of opioids, benzodiazepines and other psychoactive drugs from their family physician. This puts patients at risk for serious cannabis-related harms such as accidents, sedation and addiction and puts the public at risk from diverted marijuana.
8. We know of many cases where pain physicians prescribed patients high opioid doses, leaving family physicians to deal with the resulting harms. To prevent this, marijuana clinics should be obliged to explicitly state their policies on identifying and managing patients with cannabis use disorders. They should also state their policies on tapering opioids and benzodiazepines for patients who are prescribed medical marijuana.

Thank you for reviewing our suggestions and we look forward to your response. We would be pleased to meet with you and make a presentation on our concerns, if you feel that would be helpful.

Sincerely,