



**March 5, 2015**

## **Marijuana for Medical Purposes**

### **Online Survey Report and Analysis**

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#### **Introduction:**

The College's draft [Marijuana for Medical Purposes](#) policy was released for external consultation between September 18<sup>th</sup> and December 5<sup>th</sup>, 2014. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including the entire CPSO membership. A general notice was posted on the College's website, Facebook page, and announced via Twitter. It was also published in *Dialogue* and *Noteworthy* (the College's public e-newsletter).

Feedback was collected via regular mail, email, an [online discussion forum](#), and an online survey. In accordance with the College's [posting guidelines](#), all feedback received through the consultation has been posted [online](#).

**This report summarizes the stakeholder feedback that was received through the online survey.**

#### **Caveats:**

136 respondents started the survey (see *Table 1*). Of these, 8 respondents did not complete any of the substantive questions.<sup>1</sup> These respondents have been excluded from the analysis below, leaving 128 respondents who either fully or partially completed the survey.<sup>2</sup> The results reproduced below capture the responses for both complete and partially complete surveys.

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<sup>1</sup> These respondents completed only the initial demographic or 'warm-up' questions and provided an indication of their familiarity with the draft policy.

<sup>2</sup> Respondents who partially completed the survey answered at least one, but not all of the substantive questions regarding the draft policy.

**Table 1: Survey Status**

Summary of surveys received	n=136
Complete or partially complete	128
	94%
Incomplete	8
	6%

The purpose of the online survey was to collect feedback from physicians, organizations, and the public regarding the draft [Marijuana for Medical Purposes](#) policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

The *quantitative* data shown below are complete and the number of respondents who answered each question is provided.

The *qualitative* data captured below are a summary of the general themes or ideas conveyed through the open-ended feedback.

**Respondent Profile:**

Nearly all survey respondents indicated that they were completing the survey on behalf of themselves (see *Table 2*). 4 respondents indicated that they were completing the survey on behalf of an organization.<sup>3</sup>

**Table 2: Respondents**

Are you completing this survey on behalf of yourself or an organization?	n=128
Self	124
Organization	4

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<sup>3</sup> These included an “investment bank”, Coming Out of the Closet Cannabis Club, National Organization for the Reform of Marijuana Laws in Canada, and Chronic Pain Toronto.

As shown in *Table 3* below, physicians (41.41%) and members of the public (39.84%) were almost equally represented among respondents.

**Table 3: Respondents (cont'd)**

Are you a....?	n=128
Physician	53
	41.41%
Other health care professional (e.g., nurse, pharmacist)	9
	7.03%
Organization staff (e.g. policy staff, registrar, senior staff)	2
	1.56%
Member of the public	51
	39.84%
Other	13
	10.16%

**Experience with the Policy:**

A significant majority of respondents (87.3%) indicated that they had read the draft Marijuana for Medical Purposes policy (see *Table 4*).

**Table 4: Read Policy**

Have you read the draft Marijuana for Medical Purposes policy?	n=128
Yes	112
	87.5%
No	16
	12.5%

**Opinion of dried marijuana as a medical treatment:**

The majority of respondents (75.7%) expressed support for the clinical use of dried marijuana in some circumstances (see *Table 5*).

**Table 5: Dried marijuana as a medical treatment**

In your opinion, can dried marijuana form part of appropriate patient care?	n=128
Yes	97
	75.7%
No	20
	15.6%
Don't know / Not sure	11
	8.5%

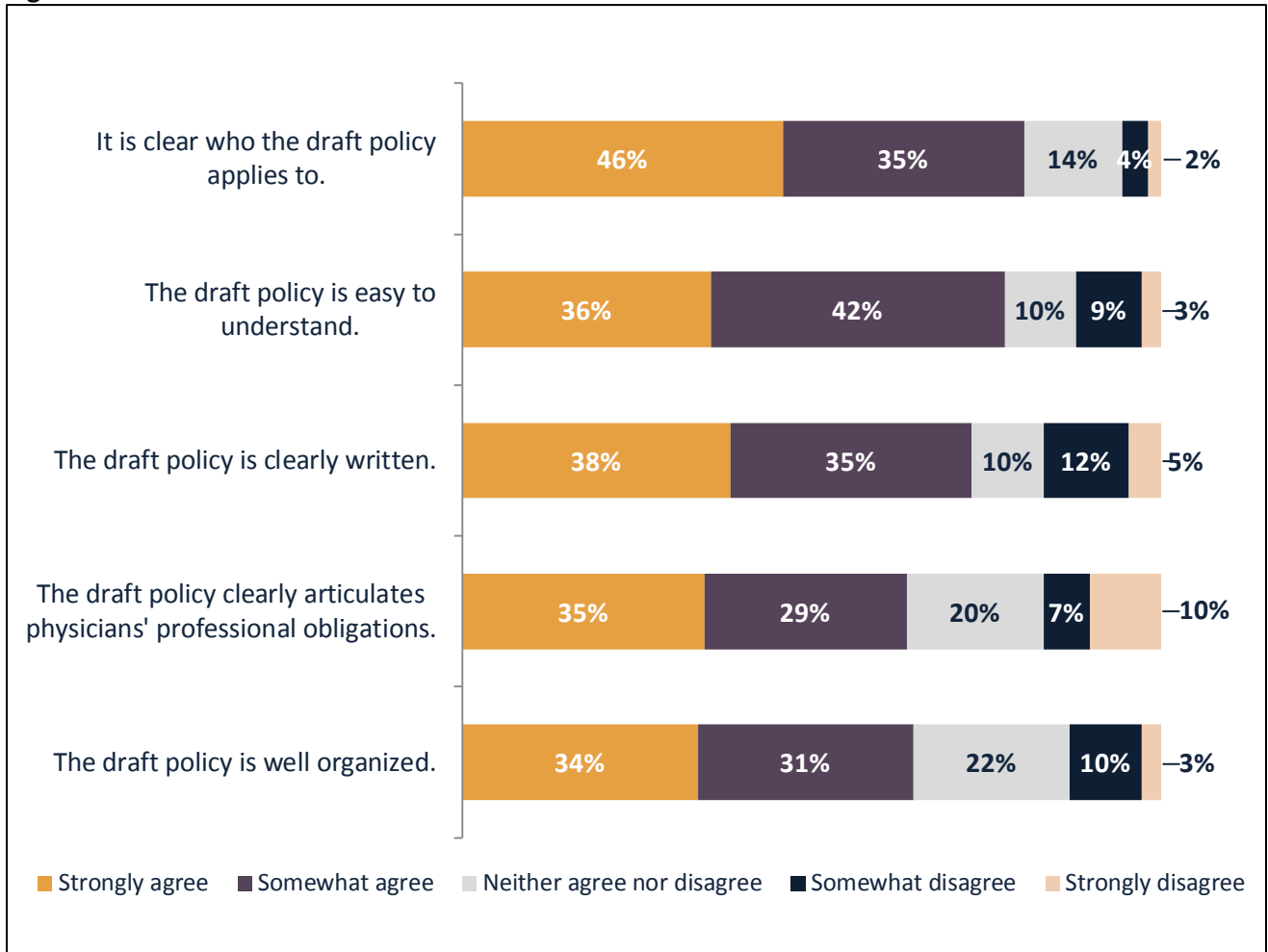
**Part 1 – Opinions of the Draft Policy:**

The following questions assess respondents’ general opinions of the draft policy. As such, the questions in this section were only posed to those respondents who indicated that they had read the draft policy (n=112, or 87.5% of respondents).

**Q1. “We’d like to understand whether the draft policy is clear. Please indicate whether you agree or disagree with each of the following statements:”**

As reported in *Figure 1* below, most respondents agreed<sup>4</sup> that the draft policy clearly articulated physicians’ professional obligations (64%), was easy to understand (78%), well organized (65%), and clearly written (73%).

**Figure 1:**



Base: n=107

<sup>4</sup> The number of respondents reported to have “agreed” in each summary include both those who “strongly agreed” and those who “somewhat agreed”. Complete data are reported in the figures following each question.

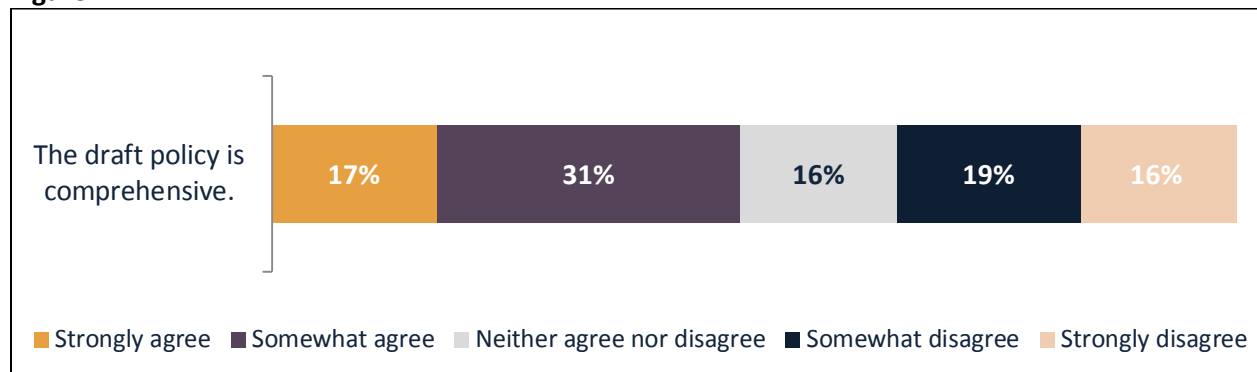
Open ended feedback regarding the clarity of the draft policy was received from 42 respondents. Representative suggestions for how the draft policy could be made clearer include the following:

- Provide links to clinical evidence related to efficacy and risks;
- Set out appropriate clinical indications, or a list of medical conditions for which dried marijuana may be an appropriate treatment;
- Clarify whether physicians have an obligation to prescribe dried marijuana when requested to do so by a patient.

**Q2. “We’d like to understand whether the draft policy is comprehensive. That is, it addresses all of the relevant or important issues related to the medical use of dried marijuana, and includes definitions of all the essential terms. Please indicate whether you agree or disagree with the following statement: *The draft policy is comprehensive.*”**

Overall, while most respondents agreed that the draft policy was comprehensive (48%), many others felt that it had failed to address at least one relevant or important issue (35%) (see Figure 2).

**Figure 2:**



Base: n=105

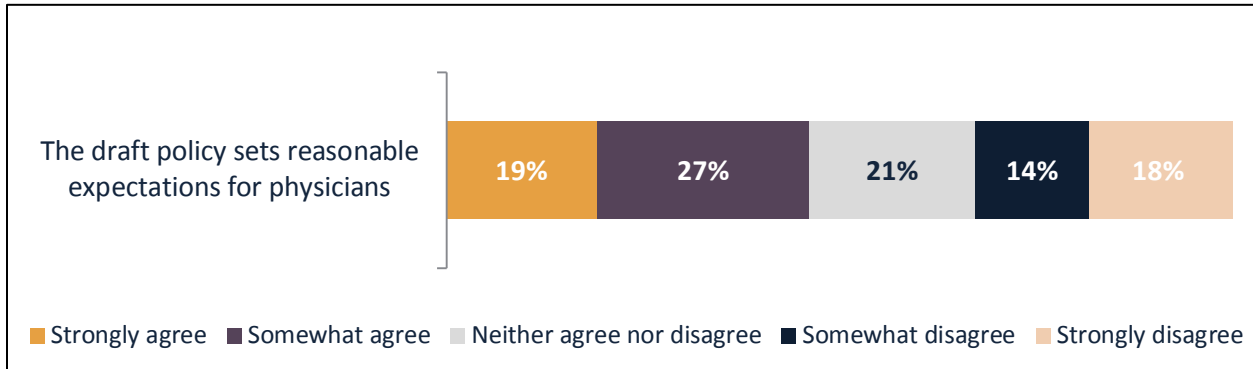
Open ended feedback regarding the comprehensiveness of the draft policy was received from 46 respondents. Representative suggestions for additional topics that could be addressed in the draft policy include:

- Guidance around choosing a safe and effective dose of dried marijuana;
- Guidance around choosing an appropriate strain;
- Guidance around prescribing to younger patients and children;
- A list of appropriate clinical indications;
- Guidance around the consumption of marijuana in a non-dried form or through means other than smoking, such as edible products, oils, tinctures, and vaporizers.

**Q3. “We’d like to understand whether the draft policy sets reasonable expectations for physicians. Please indicate whether you agree or disagree with the following statement: The draft policy sets reasonable expectations for physicians.”**

Overall, respondents were somewhat divided with respect to whether the draft policy set out reasonable expectations: 45% believed that the expectations were reasonable, 32% believed they were not, and 21% were unsure (*see Figure 3*).

**Figure 3:**



Base: n=104

Open ended feedback regarding the reasonableness of the draft policy was received from 31 respondents. Of those respondents who indicated that the draft policy contained unreasonable expectations, the following statements are representative of the feedback received:

- It is inappropriate for physicians to act as “gatekeepers” for a drug that lacks clear evidence;
- Absent clinical guidelines and clear evidence for safety and effectiveness, physicians may have difficulty fulfilling their responsibilities as set out in the policy;
- Physicians should be permitted to charge patients a fee for the time and resources associated with completing the prescription, providing education, and responding to inquiries from licensed producers.

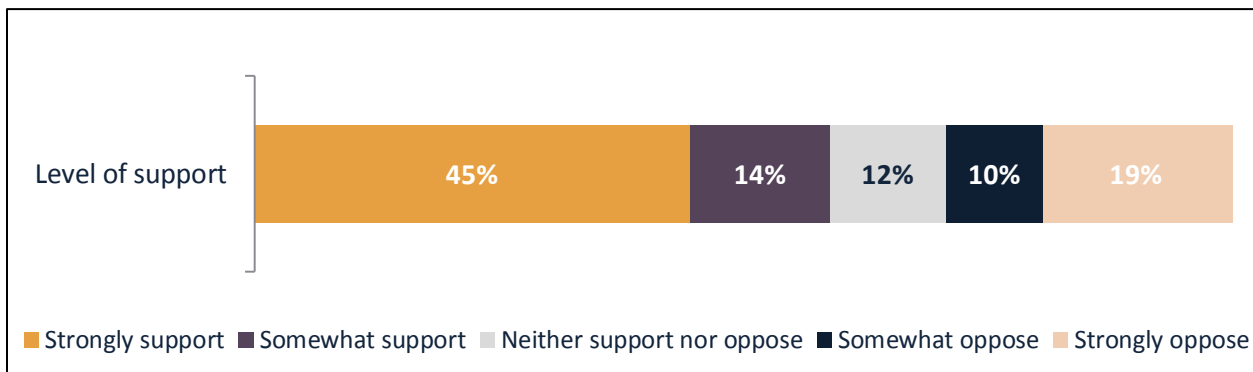
## **Part 2 - General Questions Related to Key Expectations:**

The following questions assess respondents' opinions of the key expectations contained in the draft policy. As they do not require respondents to have read the draft policy, the questions in this section were posed to all respondents.

### **Q4. "Do you support or oppose the expectation that physicians who prescribe dried marijuana must meet all of the same legal and professional requirements that apply to prescribing any other drug?"**

Over half of respondents (59%) agreed that physicians who prescribe dried marijuana should meet all of the same legal and professional requirements that apply to any other drug (see *Figure 4*).

**Figure 4:**



Base: n=119

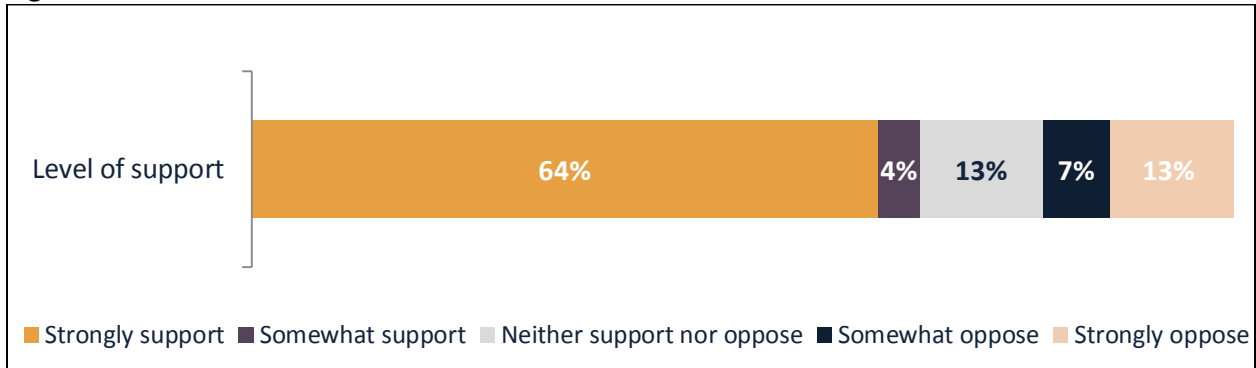
Open ended feedback regarding this expectation was received from 52 respondents. Of the respondents who indicated that they did not support this expectation, the following statements are representative of the feedback received:

- Physicians who prescribe dried marijuana will have difficulty meeting the same standards as conventional pharmaceuticals, as dried marijuana does not have the same evidence with respect to safety and efficacy;
- It is not reasonable to treat dried marijuana like other prescription drugs, because it does not have a consistent, standardized formulation;
- Given our limited understanding of risks and benefits, the requirements for prescribing dried marijuana should actually be higher than for conventional pharmaceuticals;
- Physicians who wish to prescribe dried marijuana should be required to meet additional training requirements, as is the case for methadone prescribers.

**Q5. “Do you support or oppose the expectation that physicians must not charge patients a fee for the completion of the medical document?”**

A majority of respondents (68%) agreed that physicians should not charge patients a fee for prescribing dried marijuana (see *Figure 5*). Only 20% of respondents believed that physicians should be permitted to charge patients directly for a prescription.

**Figure 5:**



Base: n=119

Open ended feedback regarding this expectation was received from 50 respondents. Of the respondents who indicated that they did not support this expectation, the following statement is representative of the feedback received:

- Completing the medical document as required by the regulations is more time consuming than completing a conventional prescription, and frequently necessitates a degree of patient education. For this reason, physicians should be permitted to charge for their time and resources.