

*Date approved: February 2013*

## **The College of Family Physicians of Canada Statement on Health Canada's Proposed Changes to Medical Marijuana Regulations**

### **Physicians should sign a declaration rather than write a prescription**

The potential liability, as well as the ethical obligations, for health professionals prescribing marijuana for medical purposes appears not to have been adequately addressed. In our view, Health Canada places physicians in an unfair, untenable and to a certain extent unethical position by requiring them to prescribe cannabis in order for patients to obtain it legally. If the patient suffers a cannabis-related harm, physicians can be held liable, just as they are with other prescribed medications. Physicians cannot be expected to prescribe a drug without the safeguards in place for other medications – solid evidence supporting the effectiveness and safety of the medication, and a clear set of indications, dosing guidelines and precautions. On the other hand, if the physician refuses to prescribe, this might damage the patient-physician relationship; some patients will blame their physician for forcing them to purchase marijuana illegally.

The CFPC recommends the “declaration” approach in lieu of “prescribing”. A “declaration” by a health professional states only that the patient meets Health Canada criteria allowing access to marijuana for medical use. Unlike a prescription, a declaration does not give doses or directions, and does not imply that the physician recommends or advises the patient to smoke or ingest marijuana.

### **Need for Ongoing Information/ Education**

*Family Doctors need ongoing information/education on utilization of marijuana for medical purposes and the CFPC requires continuing education based on scientific evidence. The federal government must continue to play a critical role in providing clear, accessible and reliable information to family physicians. The role of family physicians in diagnosing for purpose of declaration must be well-defined.*

In light of conflicting and, in some cases, absent evidence on the effectiveness and safety of marijuana used for medical purposes, the CFPC requests the development of recommendations on the risks and benefits of use of marijuana for specific medical conditions, based on the best scientific information available, as well as resources and tools to answer family physicians' questions. Recommendations should be developed by clinicians who do not have a conflict of interest with regard to the promotion of medical marijuana. The recommendations should be based on criteria as rigorous as those of any other legal therapeutic product.

Finally, physicians need to maintain competence in the management of symptoms experienced by patients with chronic illnesses and complex medical conditions (e.g. chronic pain).

Health Canada should explicitly state the indications, precautions and contraindications for medical marijuana, as it does with all other therapeutic medications. In making these determinations, Health Canada should consider the following factors:

- (a) No prescribed medication uses smoke (combustion of herbal material) as a delivery system. Smoke is a hazardous delivery system, because (a) psychoactive ingredients reach the CNS much faster than other routes, causing intoxication; and (b) smoke contains hundreds of chemicals that are potentially carcinogenic or harmful to the heart or other organs. Similarly, there is no evidence for the safety or efficacy of oral ingestion of herbal cannabis.
- (b) The active ingredient of cannabis, or synthetic cannabinoids, THC, can already be prescribed as an oral capsule (nabilone) and as an inhaled spray (Sativex). Use of nabilone or Sativex for chronic pain is off label: nabilone has the indication for “treatment of refractory nausea and vomiting associated with cancer chemotherapy” while Sativex’s indication is “Spasticity or neuropathic pain associated with multiple sclerosis, cancer pain”.
- (c) The evidence supporting the analgesic effectiveness of cannabis is weak. Controlled trials were of short duration and had small sample sizes and incomplete outcome measures. Smoked cannabis was compared against placebo, not against other cannabis formulations or standard analgesics. Many subjects in the trials were regular cannabis smokers.
- (d) Smoked cannabis poses serious risks, particularly in young people. These risks include psychosis, cannabis addiction, depression, poor school or work performance, motor vehicle accidents, and neurodevelopmental effects in children of pregnant cannabis smokers. Evidence regarding carcinogenesis is conflicting, but it is known that cannabis smoke contains carcinogens.