



CMA STATEMENT AUTHORIZING MARIJUANA FOR MEDICAL PURPOSES (UPDATE 2015)

Background

Since the *Marijuana for Medical Purposes Regulations* came into effect in April 2014, patients can obtain marijuana legally if a physician provides a “medical document”, authorizing its use for medical purposes. This document is then submitted by the patient to a commercial producer, licensed by Health Canada.¹

While acknowledging the unique requirements of patients suffering from a terminal illness or chronic disease for which conventional therapies have not been effective and for whom marijuana may provide relief, physicians remain concerned about the serious lack of clinical research, guidance and regulatory oversight for marijuana as a treatment. Marijuana is a complex substance, and there is not sufficient clinical information on clinical safety and efficacy. Notably, there is little information around indications for its use, therapeutic and toxic dosages and knowledge on interactions with medications.

There is a need for unbiased, accredited educational modules and decision support tools based on the best available evidence.

CMA Position

The Canadian Medical Association has consistently opposed Health Canada’s approach which places physicians in the role of gatekeeper in authorizing access to marijuana.

Physicians should not feel obligated to

authorize marijuana for medical purposes. Physicians who choose to authorize marijuana for their patients must comply with their provincial or territorial regulatory College's relevant guideline or policy.

They should also be familiar with regulations and guidance, particularly:

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Correspondence and requests for additional copies should be addressed to the Member Service Centre, Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, ON K1G 5W8; tel 888 855-2555 or 613 731-8610 x2307; fax 613 236-8864.

All policies of the CMA are available electronically through CMA Online (www.cma.ca).

- Health Canada's *Marihuana for Medical Purposes Regulations*,ⁱⁱ
- the Canadian Medical Protective Association's guidanceⁱⁱⁱ and
- the College of Family Physicians of Canada's preliminary guidance *Authorizing Dried Cannabis for Chronic Pain or Anxiety*.^{iv}

CMA recommends that physicians should:

- Ensure that there is no conflict of interest, such as direct or indirect economic interest in a licensed producer or be involved in dispensing marijuana;
- Treat the authorization as an insured service, similar to a prescription, and not charge patients or the licensed producer for this service;
- Until such time as there is compelling evidence of its efficacy and safety for specific indications, consider authorizing marijuana only after conventional therapies are proven ineffective in treating patients' condition(s);
- Have the necessary clinical knowledge to authorize marijuana for medical purposes;
- Only authorize in the context of an established patient-physician relationship;
- Assess the patient's medical history, conduct a physical examination and assess for the risk of addiction and diversion, using available clinical support tools and tests;
- Engage in a consent discussion with patients which includes information about the known benefits and adverse health effects of marijuana,

- including the risk of impairment to activities such as driving and work;
- Document all consent discussions in patients' medical records;
- Reassess the patient on a regular basis for its effectiveness to address the medical condition for which marijuana was authorized, as well as for addiction and diversion, to support maintenance, adjustment or discontinuation of treatment; and
- Record the authorization of marijuana for medical purposes similar to when prescribing a controlled medication.

Health Canada has adopted amendments to the *Marihuana for Medical Purposes Regulations* and the *Narcotic Control Regulations* to provide some consistency with many established provincial and territorial prescription monitoring programs for controlled substances. Licensed producers of marijuana for medical purposes will be required to provide information to provincial and territorial medical licensing bodies upon request, including healthcare practitioner information (name, address and professional license number), daily quantity of dried marijuana supported, period of use, date of document and basic patient information.

¹ A Federal Court injunction - granted March 21, 2014 in the case of *Allard* - is in place, pending Health Canada's appeal, allowing patients who had a personal production licence under the previous regulations, to continue to grow marijuana for their medical condition.

ⁱⁱ Health Canada. *Marihuana for Medical Purposes Regulations* (SOR/2013-119). Retrieved from: <http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2013-119/>

ⁱⁱⁱ Canadian Medical Protective Association. *Medical marijuana: Guidance for Canadian doctors.*

Retrieved from: https://oplfrpd5.cmpa-acpm.ca/en/cmpa-perspective/-/asset_publisher/FZPw8Cm0HGDU/content/medical-marijuana-guidance-for-canadian-doctors

^{iv} College of Family Physicians of Canada.

Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance.

http://www.cfpc.ca/uploadedFiles/Resources/_PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf.