

Marihuana Prescribing

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Presentation Overview

- The status of medical marihuana before and after June, 2013
- Concerns from CMPA, FMRAC and others
- >The College's requirements for physicians to prescribe marihuana
- > The medical literature
- *▶ Marihuana usage information in Canada and the US*

Marihuana Authorizations Prior to June, 2013

- Physicians completed documentation for Health Canada to consider;
- Health Canada granted or refused permission for a patient to possess and/or grow marihuana;
- Different requirements existed depending on the patient's medical condition – cancer, terminal, multiple sclerosis, etc.

Marihuana Authorizations Prior to June, 2013

If granted authorization by Health Canada, the patient could

- Grow their own supply
- Arrange with another person to grow the supply
- Purchase their supply from Health Canada

Authorizations had to be renewed annually.

Perceived Problems with the system for marihuana authorizations prior to June, 2013

- Lack of control over individual growers, including diversion
- > Mould, fires etc. from legal grow ops
- Cost to Health Canada to administer the system
- Court decisions which struck down regulations

Marihuana Authorizations After June, 2013

- All physicians are authorized to prescribe marihuana. There are no longer any prescribed categories for such prescriptions
- A prescription will authorize the patient to obtain marihuana from a licensed producer anywhere in Canada. That must be delivered by a secure system of delivery
- Health Canada's role is limited to establishing the requirements for licensed producers and granting those licences

Court decision – Allard v. R. March 21, 2014

- Anyone who was authorized under the previous system to possess marihuana could continue under the previous system (growing their own or having another person grow for them) until the trial.
- ➤ The court was primarily concerned with the evidence that marihuana would be unaffordable under the new system for many patients.
- ➤ That decision is under appeal, and the trial is expected prior to the end of 2014.

Organized Medicine's Response to the Proposed Regulations

The Federation of Medical Regulatory Authorities of Canada (FMRAC), the Canadian Medical Association and the College of Family Physicians of Canada all went on record expressing concern that:

- The lack of evidence of risks and benefits did not give physicians guidance on when the use of medical marihuana may be appropriate;
- Health Canada unfairly was placing physicians in the role of gatekeeper.

Recommendations from Canadian Medical Protective Association

- Medical marijuana: Guidance for Canadian doctors
- Medical marijuana: New regulations, new College guidance for Canadian doctors

The College's Authority

Medical marihuana is a legal substance if authorized by a physician – the College's authority is limited to establishing standards for physicians to provide such authorizations

The College's Bylaw

- There has not been sufficient scientific or clinical assessment to provide evidence about the safety and efficacy of marihuana for medical purposes.
- A physician cannot authorize the use of marihuana for a patient unless the physician is also the treating physician for the condition for which the patient is authorized to use marihuana.

The College's Bylaw

- A physician must review the patient's medical history, review relevant records pertaining to the condition for which the use of marihuana is authorized and conduct an appropriate physical examination before authorizing the patient's use of marihuana.
- > The patient must sign a written treatment agreement

The College's Bylaw - Patient Records

- > The treatment agreement;
- The diagnosis for which the patient was authorized to purchase marihuana;
- A statement of what other treatments have been attempted and their effect;
- What the patient has been advised about the risks;
- The physician's opinion that the patient is likely to receive therapeutic or palliative benefit from the use of marihuana.

The College's Bylaw – Maintaining a Separate Record

- The physician must retain a single record, separate from other patient records, which can be inspected by the College, and which contains information specified in the bylaw
- The intention is to make information available to the College similar to what occurs with the Prescription Review Program

The College's Bylaw – Providing information to the College

Physicians who prescribe marihuana will be required to provide the College with a summary of their prescribing:

- Every twelve months if the physician has prescribed marihuana to fewer than 20 patients in the preceding 12 months;
- Every six months if the physician has prescribed marihuana to 20 or more patients in the preceding 12 months.

The College's Bylaw – Conflict of Interest

Physicians who prescribe marihuana cannot have an economic or management interest in a licensed producer.

College Information

- A document will soon be mailed and emailed to all physicians
- Newsletter articles were sent in the fall of 2013 and the spring of 2014 and are available on the College website

Information in the medical literature

The information in the medical literature is highly contradictory

Some uses in the medical literature

Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis.

American Medical Association, 2009; Report 3 of the Council on Science and Public Health; *Use of Cannabis for Medicinal Purposes*

Some medical literature expresses caution

These differences lead us to believe that the cognitive weakness leading to schizophrenia is imitated by the effects of cannabis in otherwise non psychotic people Frontiers in Psychiatry, October, 2012.

The most probable adverse effects [of non-medical marihuana use] include a dependence syndrome, increased risk of motor vehicle crashes, impaired respiratory function, cardiovascular disease, and adverse effects of regular use on adolescent psychosocial development and mental health.

The Lancet Volume 374 Issue 9698 Pages 1383 1391 17

The Lancet, Volume 374, Issue 9698, Pages 1383 - 1391, 17 October 2009

Marihuana and Cognitive Impairment – Messinis – Neurology 2006;66:737

- Use of 4 joints or more per week resulted in a decrease in mental test performance. Individuals who smoked regularly for a decade or more did the worst
- Long-term marihuana users were impaired 70% of the time on a decision making test, compared to 55% for short-term users and 8% for non-users

Marihuana and Pilot Performance Am. J. Psychiatry 1985:142:1325-1329

Not only were pilots impaired the day after smoking a marihuana cigarette, they were unaware of that impairment.

WebMD Survey - 2014

In a survey of 1,544 American physicians:

- 69% said it can help with certain treatments and conditions.
- > 67% said it should be a medical option for patients.
- 82% of oncologists and hematologists supported the use of marihuana for some patients.
- ➤ 52% of rheumatologists supported the use of marihuana for some patients.

Is THC potency increasing?

The data is controversial but the University of Mississippi's Potency Monitoring Project (UMPMC) tested seized marijuana from the US over time. The average THC content was:

- ▶ 1978 1.37%
- ▶ 1988 3.59%
- > 1998 4.43%
- > 2008 8.49%

The highest tested sample in the period had a THC content of 27.3%

The Canadian Experience

- 2002 477 authorized medical users of marihuana
- > 2014 –37,000 authorized medical users of marihuana
- 2024 Projected number of medical users of marihuana 450,000
- Evidence in *Allard* hearing 1,000,000 Canadians self-medicate with marihuana

The Canadian Experience

- > 8.4% of Canadian adults over the age of 25 used marihuana in 2012
- ➤ 20.3% of youths 15 to 24 used marihuana in 2012

 Canadian Center on Substance Abuse report Canadian Drug Summary—

 April 2014

Greenleaf Medical Clinic



We recognize that every person prescribed, or waiting to be prescribed, medical marijuana is different. Our marijuana friendly doctor and staff are happy to provide professional expertise that will help you better understand your medication and how to effectively use it.

Our services include an appointment with a marijuana friendly doctor either in person or by Skype. The Greenleaf medical clinics staff is a wealth of knowledge into licensed commercial producers (LCP). Our staff will schedule one-on-one bookings with you to make sure you will be receiving the right strain for your condition.

The American Experience









The Colorado Experience

"There are more medical marijuana dispensaries in Denver than Starbucks and liquor stores combined"

The Denver Post



The Colorado Experience

- Legalization of recreational marihuana has not reduced the demand for medical marihuana, largely due to the price difference.
- Press reports suggest that legally available recreational marihuana has not had a significant impact on the illegal sale of marihuana, largely due to the price difference

The Colorado Experience



A final issue: Physician use of Marihuana

2012 Colorado Physician Health Program policy – physicians who are prescribed marihuana are considered unsafe to practise medicine until they no longer need the treatment.

Is this an issue that needs to be addressed in Canada?

Possible future developments

- Legalization/decriminalization?
- Standards for blood tests to determine impairment?
- Health Canada providing information to regulatory bodies about prescribers?
- Better information from Health Canada about medical uses, risks and benefits?
- More research?
- Product information about THC concentrations?

Resources

Health Canada – Information for Medical Practitioners

http://www.hc-sc.gc.ca/dhp-mps/marihuana/med/index-eng.php

Health Canada Sample Medical Document for the Marihuana for Medical Purposes Regulations

http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/med-eng.php