

July 4, 2011

The Honourable Leona Aglukkaq, PC, MP
Minister of Health
Health Canada
Brooke Claxton Building, 16th Floor
70 Colombine Driveway
Tunney's Pasture, Mail Stop: 0916A
Ottawa, Ontario K1A 0K9

Dear Minister:

I am writing to you on behalf of Canada's physicians regarding the June 17, 2011 announcement that the Government of Canada is considering changes to the Marijuana Medical Access Regulations (MMAR) Program. We applaud Health Canada's decision to revisit this program in a comprehensive manner and your openness to significant reform.

The CMA recognizes the considerable efforts by Health Canada to consult key stakeholders in the past and we are encouraged that further consultation will be held prior to publication of any proposed changes to the regulations in 2012.

As it stands today, the vast majority of physicians feel unable to appropriately counsel patients regarding the use of marijuana given the lack of information regarding dosage; marijuana's interaction with other drugs, its impact on other pre-existing medical conditions and on possible long-term health hazards. There remains scant evidence regarding the effectiveness of the herbal form of marijuana (e.g., smoked) as accessed through Health Canada's MMAR program.

Accordingly, we are encouraged by the creation of an Expert Advisory Committee to improve physician access to more accurate and fulsome information regarding medical marijuana. We hope that this committee will consider the need for greater research to provide physicians with the evidence base they require to properly assess the use of smoked marijuana by their patients. We recommend that CMA be a member of this committee.

We are also encouraged by your intention to "regularize" medical marijuana, particularly the intention to ensure that production will be regulated in the same way as other pharmaceuticals. The CMA recognizes and acknowledges the unique requirements of individuals suffering from a terminal illness for which conventional therapies have been ineffective. It is ethical to provide comfort and ease from pain, nausea and other symptoms of many conditions. However, physicians do not prescribe medications to patients where the risks to patients outweigh the potential treatment benefits.

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With respect to the proposals put forward in the consultation document, and in particular Section 4.1 which addresses Physician – Patient Interaction, the CMA does not believe some of the issues raised in earlier consultations have been adequately addressed, and new issues may have been created. We will bring these issues to the table during the upcoming consultation period with the goal of finding mutually agreeable solutions.

Specifically, our concerns with the current proposal relate to the following key issues:

1. The proposal continues to place physicians in the role of "gatekeeper."
2. The proposal does nothing to address the fundamental disconnect between the lack of appropriate efficacy and safety evidence such as required for pharmaceuticals under the Food and Drugs Act.
3. The proposal does not address the exposure to liability from harms that might arise from the use of medical marijuana.
4. Health Canada's reduced role and the elimination of categories of symptoms may result in the perverse outcome of further increasing the pressure on physicians.
5. Potential privacy issues associated with the disclosure of sensitive health information to licensed commercial producers.

In closing, the CMA is appreciative of Health Canada's efforts to date and remains interested in working towards an improved regulatory regime for medical marijuana. Ultimately, we share the same motivation to provide care for the ill and a genuine desire to alleviate discomfort. I look forward to further discussion of the issues outlined in this letter and have asked the CMA to follow up in the near term.

Yours sincerely,



Jeffrey Turnbull, MD, FRCPC
President