

LETTERS

The Canadian Medical Association should support a medical access stream for cannabis

In their *CMAJ* commentary, Cairns and Kelly¹ present scientific and policy arguments in support of maintaining separate medical and recreational streams of regulation within the proposed Cannabis Act. I would like to add arguments from a clinical perspective.

Safe and appropriate medical use of cannabis for patients is optimized by the physician–patient relationship. In not supporting a medical stream for cannabis, the position of the Canadian Medical Association (CMA) seemingly dismisses the special benefits of medical engagement for risk reduction, monitoring of drug interactions, opiate substitution opportunities and education about occupational health and driving safety. Medical access to cannabis-based medication may be a factor associ-

ated with observed reductions in overdose death rates caused by opioid analgesics in the United States where medical cannabis laws have been enacted.² Patients taking medical cannabis have reported reduced opiate use, sometimes along with reductions in use of co-analgesic or antidepressant drugs.³

People seeking medical benefits from cannabis cannot receive information relevant to their unique medical needs from nonmedical retail employees — regardless of how knowledgeable they might be about cannabis. With more than 130 000 patients using medical cannabis in Canada, to oppose medically supervised access at a policy level seems irresponsible.

Taking away the medical stream might be a disincentive for Canada's licensed producers to produce medications that are safer to use than dried cannabis. The stigma, "that smell," of smoked cannabis is well deserved. However, rejection of a medical access framework for cannabis should

not linger, like a bad smell, as a legacy of the CMA.

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3. Boehnke KF, Litinas E, Clauw DJ. Medical cannabis use is associated with decreased opiate medication use in a retrospective cross-sectional survey of patients with chronic pain. *J Pain* 2016;17:739-44.

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