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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Cannabis for Medical Purposes

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

Contents

Requirement for a standard of practice

Health Canada requires all regulators to have a standard of practice that defines and regulates the professional care provided by a regulated member to an individual. Health Canada's *Cannabis Act* and *Cannabis Regulations* outline the legal requirements for a regulated member issuing a medical document or written order for cannabis for medical purposes (CMP). A medical document or written order is only allowed to be issued by a regulated member to an individual under their professional care.

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Cannabis for Medical Purposes

No obligation to authorize

Regulated members are not obligated to authorize CMP. If a physician does not have the knowledge or experience to manage this type of request, but believes there may benefit from CMP, it is expected the physician will refer the patient to a responsible care provider who can address the patient's concerns. It is not acceptable to deny treatment based on lack of knowledge or experience.

For information on who would be considered a "responsible" care provider, please refer to Recommendation 15 in both Sections A and B of the College of Family Physician of Canada's (CFPC) "Guidance in Authorizing Cannabis Products within Primary Care".

Registration to authorize

A regulated member must notify CPSA prior to issuing a medical document or written order for CMP. This is a one-time notification only: it is not necessary to notify CPSA for each authorization or renewal.

The notification can be done through the CPSA website using the form on the Cannabis for Medical Purposes page. Physicians are required to provide their name, registration number, contact information and the address of the location where they consult with patients. Physicians who have received prior approval are **not** required to notify CPSA again; however, it is expected a change to the location where services are provided is updated with CPSA in accordance with the *Responsibility for a Medical Practice* standard of practice. Address changes can be emailed to memberinquiries@cpsa.ab.ca.

Evidence-based practice guidelines

Authorizing physicians have a responsibility to keep abreast of current knowledge and guidelines for the use of medical cannabis in clinical care and offer their patients support through shared, informed decision-making.

Since legalization of recreational cannabis in 2018, the number of active client registrations for medical cannabis with a federal license holder has declined from 110,189 to 63,394. Of interest, the number of active personal/designated production registrations (patients who

wish to grow their own cannabis for medical purposes) has increased from 3,143 to 4,319 in 2020. This trend is observed nationally.

Since legalization, Health Canada has published information regarding cannabis use, both medical and recreational, that is informative and may be helpful in discussing patient concerns and management.

There is a need to continue establishing evidence-based guidelines to assist physicians in optimizing patient care and quality of life.

Medical cannabinoids, both medical cannabis and pharmaceutical cannabinoids (e.g., nabilone and Sativex in Canada) continue to be endorsed by businesses involved in producing and dispensing these products for a long list of medical conditions and ailments, from irritable bowel syndrome to cancer.

Consensus on the use of CMP has not yet been achieved, and physicians need to be aware of current guidelines and recommendations regarding the use of cannabis in clinical practice.

CFPC published "Guidance in Authorizing Cannabis Products within Primary Care" in March 2021, which provides practical recommendations for the use of medical cannabinoids in primary practice. It is recommended that physicians who authorize CMP to their patients familiarize themselves with the contents of this guidance document.

> *"The provision of cannabis for medical purposes is a challenging practice situation, physicians are caught between a desire and obligation to provide evidence-informed care and regulations that appear to compel them to deal with cannabis as if it were a medicine."*
>
> From CFPC's "Guidance in authorizing cannabis products within primary care"

Health Canada and other research bodies continue to work on generating additional research evidence on the place of cannabis in the treatment of chronic pain, anxiety and various other conditions.

The use of CMP for conditions other than those for which there is accepted evidence should be considered "off-label" use. It is expected the physician will document the rationale for the clinical decision, informed consent, discussion of risks, adverse effects and the expected outcomes of the use of medical cannabis in these situations,

along with a clear strategy for monitoring outcomes and terminating the treatment if the expected outcome is not achieved.

Importance of the physician-patient relationship

The cornerstone of patient care is the physician-patient relationship. The relationship between a physician and their patient is a bond of trust vital to the therapeutic alliance. Within this association, the physician has a duty to act in the patient's best interest and refrain from any type of exploitation. However, a physician cannot meet this basic obligation if a fulsome physician-patient relationship has not been established.

Use of cannabis should be considered ONLY within the context of an established physician-patient relationship.

CPSA is aware some medical cannabis supply companies are advertising for physicians to become authorizers of medical cannabis for their clinics. When physicians are employed by cannabis clinics merely to act as "authorizers", the physician-patient relationship can be undermined and devalued. This type of situation is not conducive to shared and informed decision-making, but rather is predicated on providing the means to obtain a product offered by the employing business. To engage in practices that devalue and ignore the cornerstone of the physician-patient relationship is to risk the integrity of the medical profession.

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The use of medical cannabis is no different than any other therapy that may be considered as part of a patient's overall care, and deserves the same care and attention as any other diagnostic or management decision. The family physician is often (usually) in the best position to provide comprehensive care for their patients, as they are aware of the patient's medical history and can counsel the patient about the relative risks and benefits of a proposed therapeutic decision. If other specialists are considering authorizing cannabis, the same considerations apply.

To support physicians in these efforts, processes must be in place to ensure the basics of the therapeutic relationship are met. Information gathering, history and physical examination, diagnosis, management and follow-up planning must be completed in a thorough and meaningful manner. The physician needs to carefully consider drug

interactions, as well as the risks and benefits of medical cannabis in treating the identified medical condition. The patient needs to be informed of the risks and potential benefits, as well as any concerns regarding workplace safety. The physician is responsible for providing care in the patient's best interest, and this may at times be in conflict with the patient's desires. Ultimately, a shared and informed decision must be achieved.

Physicians who work in cannabis clinics must comply with all standards of practice, particularly:

- *Cannabis for Medical Purposes*;
- *Responsibility for a Medical Practice*;
- *Advertising*;
- *Patient Record Content*; and
- *Conflict of Interest*

Physicians must be aware of their responsibilities when authorizing CMP before entering into this type of arrangement. Individual physicians are responsible for:

- processes used to interview and counsel patients;
- ensuring advertising complies with the *Advertising* standard of practice and Health Canada's *Cannabis Act*;
- information provided about the products;
- clinic fees for providing services; and
- the accurate and secure documentation of the patient record.

If a physician cannot meet these factors to comply with the standards of practice, they should be cautious about entering these practice arrangements and carefully consider if this is a clinical setting in which they wish to practice.

Decision to authorize

Physicians are **not obligated** to authorize CMP. As noted above, physicians must use their knowledge of the patient and evidence-based guidelines to decide whether or not to use

(or approve) any therapy for a patient, recognizing that the best interest of the patient is paramount.

Assessment, monitoring and follow-up

The following steps are essential when considering medical cannabis as part of the treatment plan for a patient:

1. Perform an in-person evaluation of the patient, establishing or within the context of an ongoing physician-patient relationship. If there are extenuating circumstances, such as a palliative condition, transportation or mobility limitations, which would limit access to an in-person evaluation, document the rationale in the patient's record. Consultation with CPSA's Cannabis for Medical Purposes Program is recommended if there are questions or concerns.

   For more information, please refer to the following:

   - CFPC's Guidance in Authorizing Cannabis Products within Primary Care
   - Health Canada's Information for Health Care Professionals: Cannabis and the Cannabinoids
   - Particular care is recommended in authorizing or advising on the appropriate use of cannabis for special populations, including, but not limited to[i]:
     - Older adults
     - Adolescents and youth patients
     - Pregnant patients
     - Patients experiencing mental health challenges or substance use disorders
     - Patients with concurrent medical conditions or risk factors, such as risk factors for cardiovascular disease
     - Patients who smoke tobacco

- Patients who are heavy users of alcohol or are taking high doses of opioids(prescribed or non-prescribed), benzodiazepines, or other sedating medications prescribed or available over the counter

2. A direct, in-person assessment of the patient is required to be completed by the regulated member when initially authorizing CMP and at least once a year while the patient uses CMP:

   - The *Cannabis Act* requires the patient receiving an authorization for medical cannabis must be under the professional care of the regulated member.
   - "Professional care" is interpreted to mean a conventional physician-patient relationship, which at this time continues to require in-person assessments at least annually.
   - CPSA recognizes that virtual care is rapidly evolving and future professional care may involve elements of virtual care which are acceptable and comply with the *Standards of Practice*.
   - A physician-patient relationship established and maintained solely by means of telephone consultation is **not** acceptable.

3. Follow-up care requires evaluating the patient at least once every six months to assess benefits and risks of cannabis as treatment for the identified medical condition or symptom(s):

   - Monitoring and evaluation of stable patients at a minimum of every six months is required to determine the patient's status and progress and to provide ongoing care for the identified medical condition or symptom(s).
   - The physician who authorizes the use of cannabis is personally responsible for providing follow-up to the patient;
   - It may be appropriate to provide this follow up care by means of telephone or virtual consultation.

- It is expected that newly-initiated patients, patients undergoing dosage changes or those who are clinically unstable are evaluated more frequently, as appropriate to the context of the individual patient.
- The means of providing this care may be by telephone or virtual consultation if, in the clinical judgment of the physician, this can be done safely and appropriately.
- It is acceptable to limit authorizations to a six-month supply to ensure this follow-up is successful.
- The majority of patients receiving CMP are authorized for the use of CBD oil. THC appears to be a relatively small component of the medical cannabis used.
- The average daily amount authorized for individuals registered to access CMP from a federally licensed seller is 2 grams per day.

4. Authorizations for patients to produce cannabis for their medical purposes is granted by Health Canada and requires the same assessment and follow up. The assessment and follow up must be done in compliance with the requirements of *Cannabis for Medical Purposes* standard of practice:
    - Health Canada has a tool for the calculation of a limited amount of CMP: Calculator for the production of a limited amount of cannabis for medical purposes.
    - When the average daily authorized amounts for patients is well above the amount suggested in available guidance and evidence, there is concern that higher than average daily amounts authorized may contribute to abuse of the access to CMP framework and may pose risks to public health and safety, including the risk of cannabis being diverted to the illicit market.
    - It is recommended that physicians familiarize themselves with the Health Canada information available: Information for Health Care Practitioners – Medical Use of Cannabis.
    - It is important that the physician have a clear understanding of and document the patient's intended use of the cannabis produced by themselves, or a designated grower, for medical purposes.

- Health Canada shares data with CPSA on the number of health care providers and daily amounts authorized on a quarterly basis.
- The physician must provide ongoing care to the patient for the underlying medical condition or symptom(s) for which cannabis has been authorized, and assess for any emerging substance use disorder(s) at least every six months.
- The physician should regularly monitor the patient's response to treatment with cannabis.
- To authorize or continue to authorize cannabis for the purpose of analgesia, the physician should reassess the effects of cannabis on the patient's pain ratings and function.
- For insomnia, reassess sleep quality, mood, function and/or quality of life.
- Assess for side effects, such as memory impairment, sedation, fatigue or worsening of function.
- Assess for features of cannabis use disorder[ii].
- Identify potential for problematic use and emerging toxicities including motivation, psychosis and schizophrenia, cannabis-induced hyperemesis syndrome, drug-drug interactions or cannabis withdrawal syndrome[ii].
- When appropriate, use harm reduction and harm prevention approaches[iii].
- When a patient is referred to a consultant, the referring physician must send the consultant all clinically-relevant information on the patient's substance use, mental health and pain history[iv].
- The consultant physician must correspond with the referring physician regarding the management of and recommendations for the patient in a timely and fulsome manner[iv].

5. Care of patients using CMP in hospital or continuing care facilities:
    - It would be reasonable and acceptable for the attending physician in these settings to assume the management of CMP.

- Notification of authorization to CPSA by the physician would not be expected in a hospital setting.
- In continuing care, if issuing a medical document as required by Health Canada, the primary attending physician is required to notify CPSA that they will be authorizing for the patient(s) in this setting.
- Consultation with physicians who have experience in the use of CMP should be considered.
- Educational resources are available on our website.

6. Review of available prescription databases (e.g., Alberta Netcare, Pharmacy Information Network (PIN), Tracked Prescription Program (TPP)) at least once every six months:
    - This allows the physician to be aware of other medications prescribed that may potentially interact with cannabis and ensure continuity of care and minimize risk of harm.
7. Discussion and documentation the risks of using cannabis:
    - When appropriate, use harm reduction and harm prevention approaches[iii].
    - An explanation of the clinical reasoning for the authorization and discussion of options with the patient is required.
    - At minimum, the discussion should include:
        - Potential benefits, including a discussion of the limited evidence for cannabis effectiveness and safety;
        - Potential risks, including:
            - Precipitation of psychotic symptoms, especially if there is a family history of psychotic illness;
            - Impairment to lung function from cannabis smoke inhalation, including some risk of cancer and obstructive lung disease; and

- Impairment in cognitive function that may impact fitness to engage in activities and/or responsibilities.

- Cannabis can impair cognition and impair the ability to drive or operate equipment, so patients **must** be warned of this effect. Patients should be advised to neither drive nor operate equipment while under the influence of cannabis, as well as encouraged to learn about the penalties for impaired driving under federal legislation.

- The CFPC's Guidance in Authorizing Cannabis Products within Primary Care recommends patients using medical cannabis be advised:

  - To wait at least six hours before driving if using via inhalation;
  - To wait at least eight hours before driving if using orally;
  - If using daily, their serum THC level may be higher than legally allowable limits, even if they do not feel impaired;
  - Combining cannabis and alcohol seriously increases risk and should be avoided;
  - The recommendations above apply to typical driving with a Class 5 license, and limitations/times can increase with other license classes or additional safety sensitive work;

- Impacts on safety-sensitive occupations, potentially necessitating work restrictions or limitations:

  - Physicians should ask about job tasks and counsel patients using CMP about workplace safety concerns. Individuals who serve in positions where public safety is a factor (e.g., railway and aviation industries) may not be able to continue in their occupation while using cannabis. Physicians should notify the relevant regulatory authority when appropriate. Refer to the Legislated reporting & Release of Medical Information Advice to the Profession document;

  - Impacts on insurance or benefits coverage, including the patient's existing life, disability and automobile insurance policies (patients should be advised to check with their insurance policy holder); and

        - Risk of harm (especially to children, given the increased use of edibles) of unauthorized access to cannabis. Patients must be advised to store their cannabis in a secure manner in order to prevent others accessing or diverting to illicit use.
    - Recommend patients verify with the Canadian Border Services Agency prior to travelling with cannabinoids.

8. Obtain informed consent:
    - Refer to the *Informed Consent* standard of practice and the Informed Consent for Adults Advice to the Profession document.
9. Assess patient's risk of developing a substance use disorder using a standard risk assessment tool:
    - Patients with a history of substance use disorder or other addictions may be at risk of misusing cannabis. Understanding the risk, discussing this risk with your patient and instituting appropriate safety precautions if you feel cannabis may be helpful to your patient is essential. Refer to the following addiction risk instruments:
        - The Drug Abuse Screening Test (DAST)
        - Opioid Risk Tool
        - CAGE AID questionnaire
        - The Cannabis Use Disorder Identification Test – Revised (CUDIT-R)
        - The Cannabis Abuse Screening Test (CAST)

NOTE: The latter two risk tools were not developed for use in patients using CMP, but may be helpful in some situations.

10. Retain a copy of the medical document, required by Health Canada, issued for CMP in the patient's medical record:
    - Sample medical document from Health Canada

11. A direct, in-person comprehensive medical assessment of the condition to be treated with cannabis, including a history and physical examination by the regulated member of the patient and appropriate clinical investigations:

    - It is expected that the regulated member providing the medical document for CMP will assess the patient in person.
    - Initiation of CMP requires a comprehensive, in-person medical assessment.

12. Rationale for treatment and daily quantity of cannabis to be used by the patient:

    - Patients may be unaware that it is important to follow dosing recommendations.
    - Some forms of cannabis, such a shatter and other cannabis extracts, may have significantly higher THC concentrations than others.
    - Different modes of delivery are safer or more precise than others. (e.g., edibles vs. inhalants).
    - Whenever possible, higher CBD-proportional content should be prioritized, especially during waking hours.
    - "Start low and go slow": gradual titration is needed to establish the dose's effectiveness and safety.
    - Initial authorizations should be given for a maximum of three months.
    - For stable doses, the medical document (required by Health Canada) can be given authorizing the patient to use the same daily amount for one year.
    - Although it is not required by the Controlled Drugs and Substances Act, physicians should specify the percentage of THC on all medical documents authorizing cannabis[v].
    - The majority of patients using smoked or orally ingested CMP report using the equivalent of up to 3 grams of dried cannabis daily.
    - The use of higher doses of cannabis should be approached with caution.

- Public possession limits are the lesser of 150 grams or a 30-day supply of dried cannabis (or the equivalent in cannabis product), in addition to the 30 grams allowed for non-medical use.
- The CFPC's Guidance in Authorizing Cannabis Products within Primary Care offers a comprehensive review of dosing (Recommendation 16).

13. Previous treatments or therapies not helpful in treating the patient's identified medical condition or symptom(s):
    - As part of the comprehensive assessment of a patient, there should be documentation and exploration of the patient's past history and reasons for requesting medical cannabis.
    - The evidence to support the use of medical cannabis as a sole therapeutic approach is lacking.
    - There is no requirement for a patient to have tried conventional treatment/therapies prior to initiating CMP, but a fulsome discussion of the benefits and risks of a single approach to management is expected.
    - Shared decision-making, harm reduction and harm prevention are important components of any treatment plan and include the response or lack of response to other treatment modalities.
    - Patient choice should be respected as part of shared decision-making and patient-centered care.
14. Licensed producer or holder of cannabis:
    - It is not acceptable to receive cannabis on a patient's behalf.
15. Incentives, rebates and charges to patients, licensed producers or holders of cannabis:
    - CPSA is aware licensed producers may provide a rebate to clinics for directing patients to particular licensed producers or products. CPSA does not regulate businesses, but would remind physicians associated with business to ensure they are in compliance with the *Conflict of Interest* and *Relationships with Industry*

standards of practice. The Conflict of Interest Advice to the Profession document may also be helpful.

- Conflicts of interest can be implicit, real, potential or perceived and may arise in a variety of circumstances including financial, non-financial, direct and indirect transactions with patients and others. Financial gain by a physician is not necessary to establish a conflict of interest. Additionally, a physician does not need to directly profit from the relationship for it to be viewed as a conflict. The acceptance of speaker and/or education fees from industry must be done in accordance with the *Relationships with Industry* standard of practice.
- Physicians are encouraged to contact CPSA for advice if they have any questions about requests or offers from industry.

Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact Chantelle Dick, Standards of Practice Advisor, at 780-717-2573 or chantelle.dick@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- *Cannabis for Medical Purposes*
- *Advertising*
- *Code of Ethics & Professionalism*
- *Conflict of Interest*
- *Continuity of Care*
- *Establishing the Physician-Patient Relationship*
- *Informed Consent*
- *Patient Record Content*
- *Responsibility for a Medical Practice*

COMPANION RESOURCES

- Advice to the Profession documents:
  - Cannabis for Medical Purposes
  - Advertising
  - Conflict of Interest
  - Continuity of Care
  - Informed Consent for Adults
  - Legislated Reporting & Release of Medical Information
  - Responsibility for a Medical Practice

- Cannabis – Services and Information (Health Canada)
- Information for Health Care Practitioners – Medical Use of Cannabis (Health Canada)
- Guidance in Authorizing Cannabis Products within Primary Care (The College of Family Physicians)
- Michael G. DeGroote Institute for Pain Research & Care
- The Use of Medical Cannabis with Other Medications: A Review of Safety and Guidelines (Canadian Agency for Drugs and Technologies in Health)
- Medical Cannabis Evidence Bundle (Canadian Agency for Drugs and Technologies in Health)
- Implications of Cannabis Legalization on Youth and Young Adults (Canadian Psychiatric Association)
- The Health Effects of Cannabis and Cannabinoids: The Current state of Evidence and Recommendations for Research (National Academies report summary: free PDF download available with account creation/login)

[i] Recommendation 5 from CFPC's Guidance in Authorizing Cannabis Products within Primary Care.
[ii] From DSM-5 Diagnostic and Statistical Manual of Mental Disorders' diagnostic criteria for cannabis use disorder
[iii] Box 5 "Harm-reduction strategies" from CFPC's Guidance in Authorizing Cannabis Products within Primary Care.

[iv] In accordance with the *Referral Consultation* standard of practice.
[v] Recommendation 16 from CFPC's Guidance in Authorizing Cannabis Products within Primary Care.