

CONSULTATION OUTCOMES

Cannabis for Medical Purposes

Consultation 020

Consultation: Feb. 16 - March 18, 2021

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Since the legalization of recreational cannabis, there have been many discussions about the need for a standard of practice for cannabis for medical purposes (CMP). The two products are different and used for different purposes, and cannabis retailers are not trained in the use of CMP and should not provide health-related advice or recommendations. Also, Health Canada requires each province to have a standard of practice to govern the authorization of CMP.

The *Cannabis for Medical Purposes* standard of practice was first issued in April of 2014, in response to a need to provide direction to physicians regarding the use of CMP, to ensure public safety and provide a means of monitoring the authorization of CMP.

The former version of the standard required physicians to register with CPSA as “authorizers” and submit a Patient Medical Document for each authorization. These documents were manually tracked by the Cannabis for Medical Purposes Program at CPSA, using the TPP Program infrastructure. Cannabis does not have a Drug Identification Number (DIN); the information must be collected separately and is not included in the Pharmaceutical Information Network (PIN). The manual entry of this data was resource-intensive. CPSA received approximately 6,000 authorizations (Patient Medical Documents) per month: the cost of monitoring medical cannabis to CPSA was estimated at \$110, 000 per annum.

CPSA has not had any requests for this data from external sources, apart from two research requests, and has had one intervention using the information for authorizations for patients under the age of 18 years. There has been a downward trend in the number of authorizations since legalization of recreational cannabis in 2018. Health Canada data indicates the number of authorizations decreased in Alberta from 110,189 in October 2018 to 63,359 in June 2020.

Additionally, Health Canada provides a quarterly report for physician authorizations over 25 gms/day of cannabis for patients who grow their own cannabis for medical purposes. This may be useful information for monitoring purposes.

CONSULTATION

Council approved the formal consultation of the draft SoP at its December 2020 meeting, and consultation ran from Feb. 16 - March 18, 2021.

Feedback was received from physicians and partner organizations, including Alberta Health and Health Canada. We received 81 responses during consultation, consisting of comments from 25 physicians, five partner organizations and 51 surveys.

The feedback was fairly evenly split, with some respondents supporting the changes while others viewed the updates to be too permissive.

Overarching themes [based on the consultation version]:

- Cannabis for medical purposes (CMP) is no different than opioids and should be treated the same (e.g., prescribing requirements, monitoring, etc.), lest we see a similar crisis in a few years.
- CPSA may be sending the message that CMP is “safe”.
- The standard needs stronger language regarding incentives/kickbacks/stipends: payments are going to clinics to skirt potential conflicts of interest by paying physicians directly.
- There seems to be a lack of understanding that CPSA is obligated to have a standard specific to CMP under Health Canada’s *Cannabis Regulations*, as a number of respondents suggested the standard should be rescinded entirely.
- The changes will make the standard even more difficult to enforce.
- Feedback regarding the removal of the requirement to submit a “Patient Medical Document” to CPSA was generally favorable.

The former version of the SoP required physicians who authorize CMP to complete a Patient Medical Document, evaluate the patient on a regular basis to determine risks and benefits of cannabis as treatment and, at minimum, see the patient every three months following stabilization. Although not explicitly stated, this has been interpreted to mean the patient would be seen in person both on initial assessment, and then every three months.

The draft SoP circulated during consultation required the physician to evaluate the patient annually and at least once every six months. It did not make reference to ‘seeing’ a patient or ‘in-person’ assessments.

Health Canada’s *Cannabis Regulations* require a healthcare provider who authorizes CMP to annually submit a medical document supporting the use of CMP under the *Cannabis Regulations*. While it does not explicitly state that CMP requires in-person assessments, Health Canada did raise concerns about the ability to monitor patients who are not in the same province as the provider.

The draft SoP, as presented to Council, requires the physician to:

- Evaluate the patient directly and in-person annually; and
- Evaluate the patient at least once every six months, to assess the benefits and risks of cannabis as treatment for the identified medical condition or symptom(s).

In making these requirements, the updated SoP strikes a balance in response to the feedback received and is informed by legal opinion. It also provides clarity necessary for enforcement and reinforces CPSA’s role as an effective and responsible regulator.

What are some key updates to the standard?

- Preamble added to ensure it is clear Health Canada's requirements regarding medical documents have not changed, and to clarify that physicians are not obligated to authorize cannabis for medical purposes (CMP).
- CPSA processes enabling physicians to authorize CMP have been simplified.
- Clarification added for when authorization of CMP may be appropriate.
- Requirement for in-person assessments clarified, based on legal review and Health Canada expectations: this has always been CPSA's expectation, but was not explicitly stated in the previous version.
- Evaluation period extended to six months.

Rationale for the updates can be viewed in the [marked version](#).

Have questions?

We're here to help. Please contact Chantelle Dick, Standards of Practice Advisor, at Chantelle.Dick@cpsa.ab.ca.