Background

Cannabis is unique compared to medications prescribed by physicians. Consider the following: it is now available recreationally in stores, there is limited good-quality evidence to support cannabis use for most medical conditions yet a legal regime establishes the ability for medical practitioners to authorize it, there are no uniform titration and dosage schedules, no standardized THC:CBD ratios, dispensers may provide variable products, and patients may have extremely strong expectations of its almost mythical healing powers for many diverse conditions.

In the age of recreational cannabis, many might ask why is there a need for medical cannabis? First, there is clinical evidence demonstrating the efficacy of cannabis for certain medical conditions and those patients should have access to a medical source no different than other drugs. Second, while available recreationally, many patients may obtain reimbursement from insurance or other organizations. Last year Veterans Affairs Canada spent $75 million on medical cannabis and has forecast an increase.

Ethical requirements

- Authorizing a patient's use of cannabis for medical purposes is a clinical decision and is comparable to prescribing a medication.

- Members may be presented with belief systems and great expectations of some patients for the alleged healing powers of cannabis. Members must always determine the strict clinical need and evidence for medical cannabis, balanced against the known harms and risks, as compared to patients' legally obtaining recreational cannabis.

- Members who authorize medical cannabis should be aware of the role industry may play from time to time is promoting cannabis for health and wellness.

Legal framework

- Medical cannabis is authorized not prescribed.

- There is limited good-quality evidence to support cannabis use for most medical conditions, yet the federal *Cannabis Act and Regulations* have established a process by which health care practitioners can authorize medical cannabis. As a result, patients determined to have a medical need can access a legal source of authorized cannabis from medical practitioners.

- It is important to note in this regard that only persons over 18 years can legally purchase recreational cannabis in Manitoba. Individuals of any age can receive a medical authorization that would permit them to obtain cannabis.

- In authorizing cannabis for medical purposes, the federal *Cannabis Act* and Regulations must be complied with by members when authorizing medical cannabis.

Available evidence

- Non-pharmacological interventions such as cognitive behavioural therapy and brief behavioural interventions have proven benefit in treating many conditions for which medical cannabis may be authorized.

- Mental health conditions are prominent among the reasons for which patients self-select to opt for cannabis use.

- The Health Canada document has excellent information on medical cannabis for physicians and should be consulted prior to authorizing cannabis. https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids-eng.pdf

- Clinical recommendations for the use of certain cannabinoids may change rapidly as the pace and scope of research may expand now that cannabis is legal in Canada and several US states. Currently (2018 review) there is medical evidence as set out in the above Health Canada source that certain cannabinoids *may* be beneficial for only a small number of indications.
    - Palliative care
    - Chronic neuropathic pain
    - Nausea and vomiting due to chemotherapy
    - Seizures
    - Tremors, spasticity, and inflammation in multiple sclerosis
    - Stimulation of appetite in patients with severe weight loss due to HIV/AIDS and possibly cancer.

- There is evidence that the risks of medical cannabis are numerous and include, but are not limited to, the following mental health illnesses as set out in the above Health Canada source:
    - anxiety,
    - PTSD,
    - depression,
    - bipolar,
    - schizophrenia,

- o psychosis,
  - o suicidal ideation, suicide attempts and mortality, and
  - o amotivational syndrome.

- Other adverse effects include the potential for
  - o diminished cognition, psychomotor performance, and driving,
  - o hyperemesis syndrome
  - o carcinogenesis and mutagenesis of cannabis smoke.

- The risk of cannabis on developing brains (i.e., under the age of 25 years) is supported by clear medical evidence. The risks, harms, and benefits of cannabis in the elderly are not well established.

- More research is needed to characterize the mental health impact of medical cannabis. High-quality trials of long-term exposure are required to further characterize safety issues related to the use of medical cannabinoids.

Dosage and active ingredients

- Cannabis has many aspects that do not fit well with the traditional medical model for drug prescribing. Uniform dosing and titration schedules have not been established. The cannabis product itself can vary significantly by producer making its effect unpredictable and unreliable. The user is likely exposed to a product that may have varying ratios and amounts of THC and CBD cannabis components, even within the same strain and same producer. Thus, the cannabis effect may be highly and unexpectedly variable. Not only does this contribute to the difficulty in patients receiving precise doses but dispensers are not obligated to provide the cannabis product strength (e.g. CBD-prominent, CBD-THC-balanced, THC-prominent) recommended or authorized by the member.

Drug Program Information Network (DPIN)

- Health Canada indicates:

  "Cannabis is not an approved therapeutic product, unless a specific cannabis product has been issued a drug identification number (DIN) and a notice of compliance (NOC)."

- Accordingly, medical cannabis, which is not deemed to be a drug by Health Canada, can be authorized but not prescribed, and **is not recorded in DPIN**.