Standard of Practice

Authorizing Cannabis for Medical Purposes

Initial Approval: September 25, 2020 **Effective Date: November 1, 2020**

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All registrants must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

This Standard articulates the standard of practice and ethical requirements for all registrants using their clinical skill, knowledge, and judgment in authorizing cannabis for medical purposes. **This Standard does not apply to prescribing nabilone and Sativex®.** This Standard does apply to all other cannabinoids and derivatives including oils.

Registrants are expected to educate themselves on authorizing medical cannabis, including clinical pharmacology, dosing, potential therapeutic uses, warnings, adverse effects and toxicity.

There is useful information in Health Canada's 2018 'Information for Health Care Professionals – Cannabis (marihuana, marijuana) and the Cannabinoids': https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html - and in the College of Family Physicians of Canada's 2018 'Simplified Guideline for Prescribing Medical Cannabinoids in Primary Care: https://www.cfp.ca/content/cfp/64/2/111.full.pdf. Registrants are also expected to educate themselves respecting legal requirements for authorizing medical cannabis under the federal *Cannabis Act* and Regulations.

STANDARD OF PRACTICE FOR AUTHORIZING CANNABIS FOR MEDICAL PURPOSES

1. Every registrant is professionally responsible for each medical cannabis authorization they provide to a patient. In deciding whether to authorize medical cannabis, each registrant must exercise the level of clinical judgment expected by the profession.

2. A registrant must only authorize medical cannabis:
   2.1. for a patient under their professional treatment; and
   2.2. when the medical cannabis authorized is required for the condition for which the patient is receiving treatment.

3. Prior to authorizing cannabis for medical purposes, a registrant must:
   3.1. make a diagnosis using the principles of good medical care set out in the Standard of Practice of Medicine for Good Medical Care;
   3.2. ensure that other conventional therapies have been tried or considered for the patient's diagnosis;
   3.3. advise the patient as to material risks and benefits and the level of scientific evidence supporting the efficacy of the proposed treatment;
   3.4. discuss any other drug use, including recreational cannabis use and the risk for diversion;
   3.5. advise that cannabis may cause impairment, including advising the patient of the dangers associated with driving, operating heavy machinery, performing safety sensitive tasks, and providing child or elder care while impaired[1]; and
   3.6. establish a plan for follow up and management.

4. In authorizing cannabis for medical purposes, a registrant must:
   4.1. document on the patient record how the requirements of section 3 of this Standard are satisfied, including notation of:
      4.1.1. relevant discussions with the patient,
      4.1.2. the clinical reasons for which the medical cannabis is authorized, and
      4.1.3. the rationale for the amount authorized; and
   4.2. make reasonable efforts to communicate with other health care providers involved in the patient's care, including the patient's primary health care provider, as appropriate, and document same.

5. A registrant who authorizes medical cannabis must not:
   5.1. be legally or beneficially involved with a licensed producer/dispenser other than for the purpose of providing expert opinion, independent and impartial education, or conducting clinical research approved by an ethics board;
   5.2. be a licensed producer/dispenser;

[1] Registrants are reminded that they must be aware of and comply with statutory reporting duties in the context of disease or disability, including a treatment regime, that is expected to cause impairment to any relevant authorities (e.g. the Registrar of Motor Vehicles).

5.3. have a clinical encounter with patients at the same premises of any licensed producer/dispenser unless the medical clinic is located within a pharmacy that is a licensed dispenser; or
5.4. otherwise contravene the Conflict of Interest provisions in the Standards of Practice of Medicine.

6. A registrant must not under any circumstances dispense or provide medical cannabis to any patient.

7. A registrant who is treating a patient admitted in a health care facility, or resident in a personal care home, and who also has privileges therein, may order that the patient may use medical cannabis if the registrant is satisfied that:
   7.1. the patient has previously been provided with an authorization to obtain cannabis for medical purposes by another registrant that continues in effect;
   7.2. the order is limited to the amount of cannabis needed for the period of admission or residency; and
   7.3. medical cannabis is required to ensure continuity of care respecting the diagnosis for which medical cannabis was authorized.

8. A registrant who is treating a patient admitted in a health care facility or resident in personal care home must comply with all sections of this Standard in order to authorize medical cannabis, including where a prior authorization has expired.

9. A fee must not be charged for completing a form for authorizing medical cannabis or for any activities associated with completing the authorization, including assessing the patient, reviewing the patient's chart, educating or informing the patient about the risks or benefits of cannabis, or confirming the validity of the authorization in accordance with the Cannabis Regulation.

See next page for Contextual Information and Resources

CONTEXTUAL INFORMATION & RESOURCES

Authorizing Cannabis for Medical Purposes

The Contextual Information and Resources are provided to support registrants in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

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 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. In 2019/20 Veterans Affairs Canada spent $85 million on medical cannabis.

Ethical requirements

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

- Registrants may be presented with belief systems and great expectations of some patients for the alleged healing powers of cannabis. Registrants 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.

- Registrants who authorize medical cannabis should be aware of the role industry may play from time to time in 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.

- It is important to note in this regard that only persons over 19 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 registrants.

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.

- The 2018 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,
    - psychosis,
    - suicidal ideation, suicide attempts and mortality, and
    - amotivational syndrome.

- Other adverse effects include the potential for
    - diminished cognition, psychomotor performance, and driving,
    - hyperemesis syndrome, and
    - 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 registrant.

- Taken together, data from patient surveys and clinical studies suggests that most patients use up to 3 g of dried cannabis per day for medical purposes, although much less (< 1 g/day) can be used with apparent efficacy and decreased incidence of side-effects.

The Authorization

- The physician's role is generally limited to providing the patient a medical authorization document that indicates the daily quantity of dried cannabis that they authorize for the patient. The patient can then obtain medical cannabis by:
    - Submitting the medical authorization document straight to a licensed commercial producer;
    - Registering with Health Canada to produce a limited amount of cannabis for their own medical purposes;
    - Designating someone else to produce it for them; or
    - Purchase it from authorized retail outlets or online sales

  Health Canada (not the physician) decides whether the patient is authorized to grow cannabis for personal medical needs or have someone else grow it on their behalf.

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**.

- Sativex® and nabilone have been issued a drug identification number by Health Canada. Both are included in the DPIN and DPIN should be checked for active prescriptions as a means of managing total CBD and THC dosages.

Fees

- Providing an authorization for medical cannabis is similar to providing a prescription and requires the same standard of care including medical documentation and assessing and educating the patient. The appropriate billing for a visit is an insured service and may be submitted to Manitoba Health as per the physician billing guide.

- No separate fee should be charged to the patient just as no separate fee is charged for a prescription. This includes no fees for completing a form for authorizing medical cannabis or any activities associated with completing the authorization, including assessing the patient, reviewing the patient's chart, educating or informing the patient about the risks or benefits of cannabis, or confirming the validity of the authorization in accordance with the Cannabis Regulation.

Suggested Resources

In addition to these two resources contained in the Standard of Practice, below are further resources.

- Health Canada's 2018 'Information for Health Care Professionals – Cannabis (marihuana, marijuana) and the Cannabinoids' provides the legal framework for authorizing medical cannabis.

- Information for Health Care Practitioners - Medical Use of Cannabis is the Health Canada website that provides information about the use of cannabis for medical purposes (for example, pharmacology, potential therapeutic uses, contraindications, adverse reactions, etc.) and resources including scientific and medical information to help you in discussions with your patients.

- The College of Family Physicians of Canada's 2018 'Simplified Guideline for Prescribing Medical Cannabinoids in Primary Care'.

- Access to Cannabis for Medical Purposes Regulations – Daily Amount Fact Sheet (Dosage) is dosing information from Health Canada.

- Authorizing Dried Cannabis (Medical Marijuana) for Chronic Pain or Anxiety: Preliminary Guidance from The College of Family Physicians of Canada provides helpful guidance on these two diagnoses.

- Medical Document Authorizing the Use of Cannabis for Medical Purposes by Health Canada is the document that must be completed by the physician to authorize cannabis for medical purposes.

- Cannabis Use During Pregnancy is the statement by The Society of Obstetricians and Gynaecologists of Canada.