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Marihuana for Medical Purposes Standards of Practice

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Disclosure Statement


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Relationships with commercial interests:

- No financial disclosures
- Full time employee with the College of Physicians & Surgeons of Alberta

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Background

1999: Health Canada permitted patients to possess marihuana if a physician authorized it due to medical need

- Marihuana Medical Access Regulations
- Health Canada approval required diagnosis and physician(s) support
- Patients could obtain marihuana from a licensed grower, grow it themselves or designate a grower

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Challenges

Legal

- Constitutional challenges
- Involvement of organized crime
- Authorized growers selling to others

Safety

- Fires and environmental hazards from medical marihuana “grow ops”

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Marihuana for Medical Purposes Regulations (MMPR)

April 1, 2014:

- New regs for the sale and distribution of dried marihuana by licensed producers (LP) to patients who can possess it legally
- Patients no longer apply to Health Canada
- Decision made by healthcare providers
- Prohibits home growing

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MMPR

- Medical document signed by healthcare practitioner (MD or NP)
- Patient submits medical document to a licensed producer (LP)
- LP mails directly to the patient (maximum 150 gm per month)
- Constitutional challenge (March 2014)

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Alberta Situation

- Physicians are the only health professionals permitted to authorize use
- CARNA does not currently allow NPs to authorize
- ACP doesn't permit pharmacists to dispense
- Legal challenge means confusion

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Now What?



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Concerns

- Physicians are being asked to “prescribe” a smoked substance that has:
 - contradictory evidence, limited long term data
- Dosing
- Active ingredient varies
- Drug interactions
- Ability to monitor
- “Weed clinics”

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Guiding Principles

- CPSA will not require physicians to authorize the marihuana for medical purposes
- Ensure physician autonomy to make their own clinical decision for their patients
- Standard to outline the requirements should a physician choose to authorize use of MMP

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Standard of Practice

- Register with the College
- Attempt and find conventional therapies ineffective
- Assess the risk of addiction
- Obtain informed consent
- Review prescription databases
- Complete the medical document
- Comply with federal and provincial regulations

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Other Requirements

- Evaluate the patient on a regular basis to determine risk and benefits
- See patient every 3 months once stabilized
- Provide ongoing care for the underlying medical condition
- Provide the College with a copy of the patient's medical document within 1 week.

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What is Prohibited?

- Must not dispense marihuana to any person or patient (allowed under HC regulations).
- Must not apply to become a licensed producer.

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Medical Document

- Patient name and demographic information
- Physician information including registration number and address
- Daily quantity in grams
- Period of time authorizing use (in weeks to maximum of 52)

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What Will the CPSA do with the Information?

Processes being developed:

- Track the use of marihuana in Alberta
- Patient triplicate profile will note the use of marihuana
- Will NOT release physician's names who are willing to authorize

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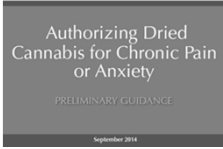
Choosing NOT to Authorize Marihuana

- Physicians are not obligated to authorize if they do not feel it is in the best of their patient or if it is not within the scope of their practice and their expertise
- Physicians need to be familiar with the risks and benefits of MMP in order to discuss informed consent
- Physicians should discuss the lack of information available to date

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Become Informed



Information for Health Care Professionals
Cannabis (marijuana, marijuana) and the cannabinoids

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Benefits


Few published clinical trials with smoker/vaporized cannabis:

- All are short term (longest is 3 wks) most are 1-5 days with small numbers of patients (< 40)
- Benefit in HIV/AIDS related weight loss
- MS with pain and spasticity
- Chronic HIV neuropathic pain
- Chronic post traumatic neuropathic pain
- CNCP of various etiologies

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Risks



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Risks

- Precipitation of psychotic symptoms
- Potential for dependence
- Impaired cognitive function
- Patients < 25 yrs
- ↓ fertility
- In utero exposure and neurodevelopmental effects
- Impaired driving
- Insurance coverage, employment implications

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Summary

- Evidence for effectiveness is limited but does exist
- Long term studies lacking
- Patients can be strong advocates
- Risks include: respiratory, CNS effects, psychiatric and misuse
- Like any other therapeutic agent, physicians need to feel this is in their patient's best interest and be able to provide the patient with information about the risks and benefits of use.

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For Further Information

www.cpsa.ab.ca


www.cfpc.ca

www.hc-sc.gc.ca

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Questions?



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