

Cannabis for Medical Purposes

Related Standard of Practice: [*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.

What physicians need to know about cannabis authorization

- 1. Physicians are not obligated to authorize cannabis for medical purposes.** Physicians must use their knowledge of the patient and their scientific medical knowledge to decide whether or not to use (or approve) any therapy for a patient, recognizing that the best interest of the patient is paramount. Explaining one's clinical reasoning and discussing options with the patient is mandatory. This is true for any clinical scenario, including when a patient requests medical authorization to possess and use cannabis.
- 2. Physicians who choose to authorize cannabis use for medical purposes must register with the College by sending their name and registration number to MMPInfo@cpsa.ab.ca.**
- 3. The College notifies physicians when they are successfully registered and may complete medical documents authorizing cannabis for medical purposes.** Physicians are free to complete a medical document on receiving this notification.
- 4. Medical document requirements:**
 - Health Canada regulations require physicians to provide specific information in a medical document. A sample [Patient Medical Document](#) with the required information is available. A diagnosis is only required when sending a Patient Medical Document to the CPSA.
 - The CPSA requires physicians to send a copy of the Patient Medical Document to the College via mail or fax within one week of completion:

Mail:

College of Physicians & Surgeons of Alberta
2700-10020 100 Street NW
Edmonton, AB T5J 0N3
Attention: Physician Prescribing Practices

Fax: 780-429-1981

Attention: Physician Prescribing Practices

- Health Canada regulations allow patients to obtain a maximum of one month's supply of cannabis at a time (30 times the daily quantity). Health Canada's limit of 150 grams refers to the maximum amount a patient may have in their possession at any given time. Physicians may choose to allow smaller amounts in shorter intervals.
- Health Canada regulations allow a single medical document to authorize use for one year, but physicians may choose to authorize for a shorter duration. The Patient Medical Document must be completed and sent to the College annually.

5. Assessing addiction risk

Patients with a history of substance use disorder or other addictions may be at risk of misusing cannabis. Understanding this 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 Questionnaire](#)

6. Informed consent

The elements of informed consent include a fulsome discussion of the risks and benefits of any proposed course of action. Refer to the [Informed Consent](#) standard of practice. At a minimum, the following must be discussed with the patient:

- A. Potential benefits, including a discussion of the lack of good evidence for cannabis effectiveness and safety.
- B. 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 risk of cancer and obstructive lung disease. There is contradictory evidence in the literature about these risks.
 - Impairment in cognitive function that may impact fitness to engage in activities and/or responsibilities.
 - Cannabis can impair cognition, so patients must be warned of this effect and that use can impair the ability to drive or operate equipment. Patients should be advised to neither drive nor operate equipment while under the influence of cannabis. Evidence for diminution of the effects of cannabis on ability to drive is limited.
 - Impacts on safety-sensitive occupations, potentially necessitating work restrictions or limitations.
 - Physicians should ask about job tasks and counsel patients using cannabis for medical purposes 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 [Legislated Reporting and Release of Medical Information](#).

- 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.
- Unauthorized access to cannabis. Patients must be advised to store their cannabis in a secure manner in order to prevent others accessing or stealing it.

7. Physicians must review both Pharmaceutical Information Network (PIN) and Triplication Prescription Program (TPP) databases.

Cannabis does not have a drug information number and will not be dispensed by pharmacists. As such, it cannot be entered into PIN, so there will be no record of a patient's use in PIN. However, the TPP profile will contain a note about a patient's use of cannabis for medical purposes because physicians must provide a copy of the medical document to the College, and physicians need to be aware of other medications being prescribed that may potentially interact with cannabis in order to minimize the risk of harm.

8. Patients may grow their own cannabis.

Under Health Canada's revised [Access to Cannabis for Medical Purposes Regulations](#), patients may grow cannabis for personal use based on authorization from their physician. Patients are responsible to submit the authorization directly to Health Canada, rather than the physician submitting the authorization to the licensed producer.

9. Medical assessment and follow-up of patients

A physician who authorizes the use of cannabis for medical purposes can do so only after an in-person evaluation of the patient, establishing an ongoing physician-patient relationship. A physician who authorizes the use of cannabis is **personally responsible** for providing follow-up to the patient. The frequency of re-evaluation should be determined by clinical need, and should be more frequent once a patient initiates use. Once a patient is using a stable amount of cannabis deemed to provide benefit, the **patient must be evaluated directly and in-person at least every three months** to determine the patient's status and progress, and to provide ongoing care for the patient's underlying medical condition; no other interpretation of the standard is acceptable.

10. Identifying misuse or abuse

A variety of strategies may be used, including:

- agreement with the patient that only one physician will complete the medical document and only one licensed producer will be used
- careful documentation of the amount of cannabis used (watch for rapidly escalating use or the patient running out of cannabis early)
- clinical assessment of the benefits and risk
- patient's compliance with recommendations regarding driving, etc.

11. Precautions for the use of cannabis for medical purposes

The Health Canada document [*Information for Health Professionals*](#) states that cannabis should not be used in patients:

- under the age of 18
- with severe cardiopulmonary disease
- with respiratory insufficiency (asthma, COPD)
- with severe liver or renal disease
- with a personal history of psychiatric disorders (especially schizophrenia) or a family history of schizophrenia
- with mania or depression (these patients should be under careful psychiatric monitoring)
- who are pregnant or breastfeeding
- with a history of substance abuse, including alcohol abuse, or concomitant use of psychoactive drugs

For More Information:

College of Family Physicians of Canada

- [Preliminary Guidance Document: Authorizing Dried Cannabis for Chronic Pain or Anxiety](#)

Canadian Medical Association

- [CMA Policy: Medical Marijuana](#)
- [CMA Statement Authorizing Marijuana for Medical Purposes \(Update 2015\)](#)
- [New “Marihuana for Medical Purposes Regulations”: What do Doctors Need to Know?](#)

Canadian Medical Protective Association

- [Medical Marijuana: Considerations for Canadian Doctors](#)

Health Canada

- [Cannabis for medical purposes \(Last updated September 2016\)](#)
- [Information for health care professionals: cannabis \(marihuana, marijuana\) and the cannabinoids \(Last updated May 2013\)](#)
- [About medical use of cannabis \(August 2016\)](#)

Canada Department of Justice

- [Marihuana Medical Access Regulations \(October 2016\)](#)