

# Cannabis: A CMA Perspective

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# Overview

- Pending legalization
- Cannabis and the medical profession
- Evidence gaps - need for research

# Cannabis for non-medical purposes

- Comprehensive public health approach
  - Prevention
  - Treatment
  - Harm reduction – lower risk cannabis use guidelines
  - Monitoring and surveillance

# Cannabis regulations

- Well resourced industry with a need to market
  - Restriction of shapes & flavours
  - Packaging similar to tobacco
  - Health claims must meet evidence standard
- One system

# Cannabis and the Medical Profession

- Trust in physicians' knowledge and advice
- Evidence void with more evidence of harms than of benefits
- Little practice experience; limited guidelines
- Patient expectations
- Challenging clinical areas of pain and addictions

# Cannabis for Medical Purposes - 1

Ensure that there is **no conflict of interest**, such as direct or indirect economic interest in a licensed producer or be involved in dispensing cannabis;

Treat the authorization as an **insured service**, similar to a prescription;

Until such time as there is compelling evidence of its efficacy and safety for specific indications, consider authorizing cannabis **only after conventional therapies are proven ineffective** in treating a patient's condition(s);

# Cannabis for Medical Purposes - 2

**Have the necessary clinical knowledge** to authorize cannabis for medical purposes;

Only authorize in the **context of an established patient-physician relationship**;

**Assess** the patient medical history, conduct a physical examination and assess for the risk of addiction;

Engage in a **consent discussion** with patients which includes information about the known risks and benefits of cannabis, including the risk of impairment to activities such as driving;

# Cannabis for Medical Purposes - 3

**Document** all consent discussions in patients' medical records;

**Reassess** the patient on a regular basis for the medical condition for which cannabis was authorized as well as for addiction and diversion; and

**Record the authorization** of cannabis for medical purposes similar to when prescribing a controlled medication.



# Evidence Gaps

- Behavioural, social, and economic impact of legalization
- Impacts on brain structure and function and fetal development
- Factors that moderate and mediate impacts
- Impacts on teens and young adults
- Measuring impairment (driving and work)
- Long-term outcomes associated with chronic use



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