POLICY TITLE: **Unity Health Toronto Policy on Use of Cannabis by patients**
POLICY #: SJ-02-22
SECTION: Professional Practice
ISSUING AUTHORITY: Professional Practice Executive Committee
NETWORK APPROVED: June 2019
SUBSEQUENT APPROVAL: June 2022

Purpose

The intent of this policy is to address, in separate sections, the use of both medical and recreational cannabis by all inpatients of the acute care and rehabilitation sites within the Unity Health Toronto. Other aspects of cannabis use, such as use by staff, volunteers, learners, and visitors, smoke-free environment, and scent-free environment will be addressed under relevant policies. For use of medical cannabis or recreational cannabis by residents of the Providence Houses, please refer to their specific policy.

Background:

Bill C-45 ("*Cannabis Act*") which legalized the use of recreational cannabis came into effect on October 17, 2018. The *Cannabis Act* removes cannabis from the "Controlled Drugs and Substances Act" ("**CDSA**") and allows for purchase and possession of cannabis for personal use by adults (19 years and older) in private residences. In the province of Ontario, the *Cannabis Statute Law Amendment Act* (Bill 36) provides further details and regulations outlining where cannabis use is permitted, approved distribution channels, as well as the limit of 30 grams per person for recreational use. As of this time (March 2019), legal distribution includes only fresh or dried cannabis, liquid products, concentrates, and seeds. Edible items will not be legally available or distributed until a later time. However, patients may choose to create their own edible forms from legally distributed forms of cannabis.

Regulations under Bill C-45 (the "**Cannabis Regulations**") also repeal and replace the Access to Cannabis for Medical Purposes Regulations ("**ACMPR**") that came into effect on August 24, 2016. These regulations provide a system for access to medical cannabis regulated exclusively by the Federal government. The Cannabis Regulations allow patients authorized by a health care practitioner to purchase cannabis from a licensed producer, or to produce a limited quantity of cannabis themselves or through a designated person for use for medical purposes, with a limit of 150 grams per person. Medical cannabis refers to the use of cannabis and its constituents such as cannabinoids, delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD), as a medical therapy to treat diseases or alleviate symptoms. Medical cannabis is supplied by licensed producers in the following formats: dried cannabis, fresh cannabis buds and leaves, cannabis oil, cannabis plants and seeds. Medical cannabis is not an approved therapeutic substance in Canada. Scientific studies with rigorous methodology have yet to demonstrate that cannabis is safe and effective for medical use to the extent required by the regulations made under the *Food and Drug Act* for marketed drugs in Canada. Only Sativex® and Cesamet®, which contain synthetic cannabinoids, are approved by Health Canada as drugs and are commercially available for hospital pharmacies to procure.

Several guiding principles should be followed on this topic. First, the clinical team should encourage open

dialogue with patients about their substance use history including recreational cannabis or medical cannabis as part of standard medical history. This information is necessary to ensure optimal care can be provided as well as to provide the patient with relevant education. Once reported by the patient, the care team should assess the use of either cannabis or approved products in the context of the overall care plan for the patient's reason for admission. In addition, commercially available and Health Canada approved oral synthetic cannabinoid products (e.g. Sativex®, Nabilone) should be offered first prior to cannabis.

Section 1: Use of medical cannabis

Policy Statements

1. Prescribers (i.e. MD or NP) are not obligated to continue patient's previous use of medical cannabis unless it is deemed to be safe (e.g. other drug interactions, ability to operate powered wheelchair in rehab setting) and appropriate in the context of the current care required for the patient. Commercially available oral synthetic cannabinoids should be attempted first.
2. Continuation of medical cannabis for admitted patients, including pediatric patients, who used medical cannabis prior to admission, will only be authorized where all the conditions in the procedure section 6 below are satisfied and that an order has been placed by the prescriber. They must also adhere to any relevant policies and legislation regarding medical cannabis.
3. When authorized, patient is to procure/bring in own supply from legal distributors only. Hospital staff will not procure medical cannabis on behalf of the patient.
4. All forms of smoking or vaping of medical cannabis are prohibited on Unity Health Toronto premises. Unity Health Toronto premises include, without limitation, all indoor premises and all areas within nine metres of any entrances or exits to any Unity Health Toronto building.

Associated Procedures

The general procedures to assess, prescribe, and accommodate patient's use of medical cannabis are outlined below. Please see Appendix 1 for general workflow.

1. When requested by a patient, the prescriber will discuss commercially available alternatives (Appendix 2) or other potentially appropriate and approved options with the patient and determine whether those or medical cannabis are suitable for managing the patient's symptoms or needs.
2. Clinical pharmacist can be consulted to assist in identifying whether there are any drug interactions between cannabis and current active medications.
3. If the prescriber considers continued use of medical cannabis to be clinically appropriate after completing steps 1 and 2, then the prescriber should assess if the patient is able to: i) understand and appreciate the information provided about the potential risks, ii) perform the needed tasks for secure storage, iii) self-administer, and iv) comply with hospital policies.
4. If a prescriber deems the use of medical cannabis *not* appropriate while admitted, and the patient is in possession of a supply, it should be returned to family or caregiver as soon as possible. If family/caregiver not available, follow site/unit specific policies for safe storage of patient's belongings.
5. If all criteria in step 3 are satisfied, the prescriber will enter/write an order for self-administration of medical cannabis, including details on product/formulation, dose, route, and frequency. This

information should be obtained from the patient and/or original medical cannabis prescription if needed. The prescriber will specify that the patient will use their own supply.

6. The patient shall present proof of authority (one of the following) to possess and use medical cannabis

    6.1 If the patient purchases from licensed producer:

    i. Licensed producer-issued client label (with patient's name, licensed producer's name and contact information, and information on cannabis product) *or*

    ii. Licensed producer-issued "separate document" (registration certificate) with the same information as client label
    A list of licensed producers can be found on the following Health Canada website: https://www.canada.ca/en/health-canada/services/getting-cannabis-from-licensed-producer.html

    iii. A written order and the medical document provided to authorize acquisition of cannabis through a licensed producer.

    iv. If the patient or a designated individual produces his/her own medical cannabis: Health Canada registration certificate that shows legal authority to possess and produce medical cannabis.

    6.2 The prescriber shall place a copy of the patient's proof of authority to possess and use medical cannabis in the medical record.

    6.3 The pharmacist reviewing the medical cannabis order will verify the patient's proof of authority in the patient's medical record.

7 The patient will self-administer his/her own supply of medical cannabis and document each administration on the self-medication administration record (SMAR) (Appendix 3).

8 If the patient is not physically capable of self-administration, the patient may choose to have a family member or caregiver to administer the medical cannabis and document on the SMAR. If there are no family members or caregiver present or possible, then the prescriber or patient should work with each nursing unit leadership team on a case-by-case basis to determine how to enable nursing administration. Nurses are authorized to administer cannabis if the patient is not physically capable of self-administration.

9 The nurse will chart the patient self-administered doses in the MAR (electronic or paper) as "given" with comment "patient self admin". The nurse will file all completed SMAR in the patient's chart.

10 If the patient is authorized to use medical cannabis, and their preferred method is smoking/vaping, then the clinical team needs to assess whether it is safe and appropriate for patient to use a designated smoking area (i.e. outside of hospital building in designated smoking areas) that is off hospital premises. If not, alternate forms of medical cannabis should be explored, including commercially available oral synthetic cannabinoid-containing drugs that can dispensed from inpatient pharmacy upon an order from a prescriber.

11 The patient is responsible for maintaining their own supply of medical cannabis for the duration of their hospital stay. In the case when the hospital stay is prolonged and the patient has no means to replenish supply, the patient care unit leadership should be involved to determine, on a case-by-case basis, how to proceed.

12 Patient must maintain own storage of medical cannabis to minimize opportunity for theft and accidental ingestion by others. Unit care team may assist in providing appropriate storage solutions.

13 Patients will be provided information regarding this policy by care team staff. If patient is non-compliant with any aspect of this policy they will be reminded of the content by members of their

care team. If non-adherence continues, the unit manager and/or prescriber will be involved to resolve the situation, and the prescriber may discontinue the order to allow medical cannabis use.

14 Patient and/or family members must remove any medical cannabis upon discharge. All cannabis products left behind after patient discharge will be destroyed using the medication disposal bins on each unit.

15 Any lost medical cannabis will be reported by the patient or staff to the Security department and the staff member will log incident in to the hospital's Safety and Learning Reporting system.

16 Patient's use of medical cannabis should be documented on admission history or as part of best possible medication history (BPMH) by involved clinicians.

17 If a topical form is prescribed, patients must disclose specific areas of application to nursing staff for documentation in the plan of care or nursing kardex to minimize cross contamination during care processes.

Section 2: Use of recreational cannabis (recreational cannabis)

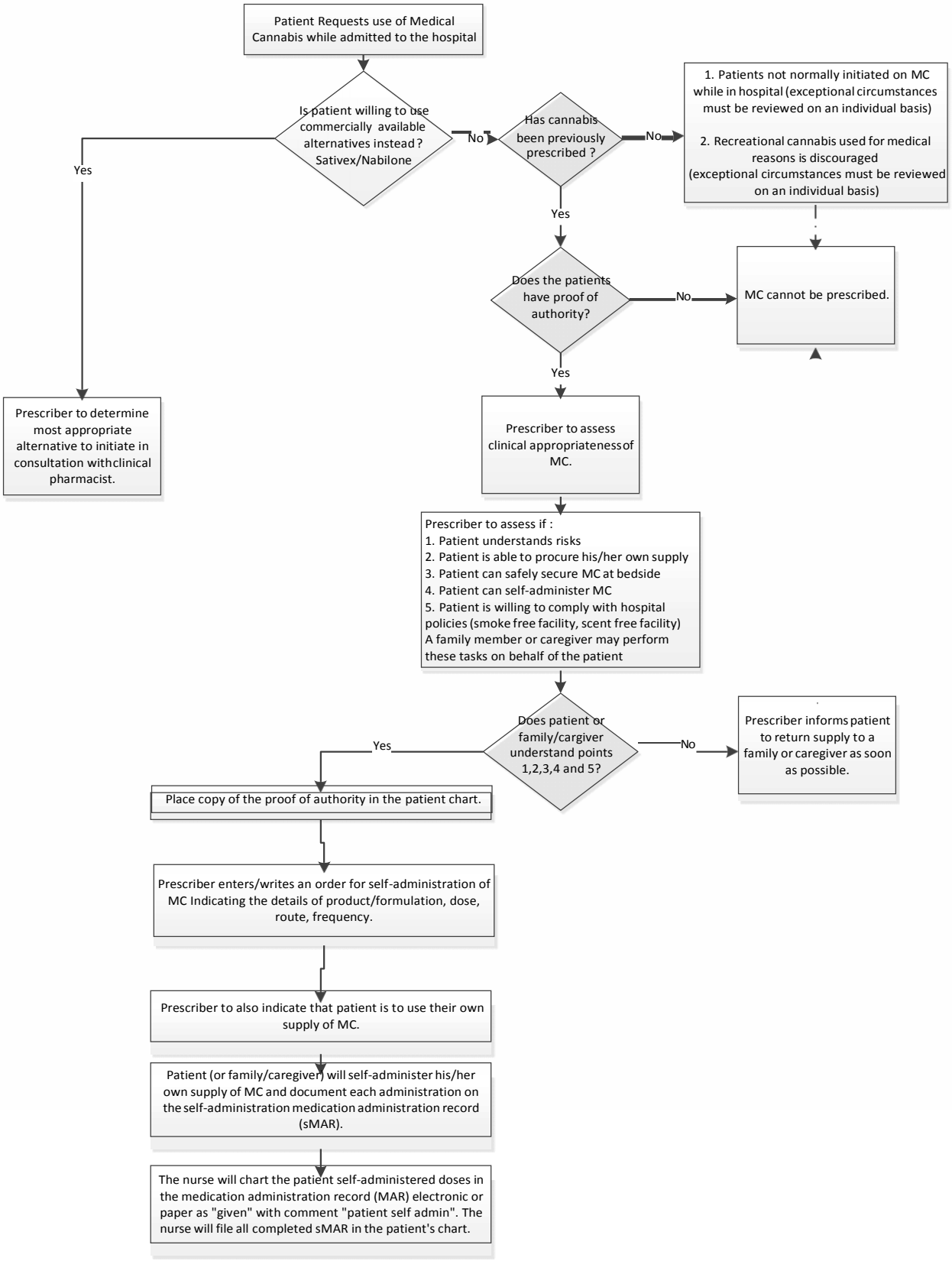
Policy Statement

1. Use of recreational cannabis is not permitted within the hospital premise. Alternative commercially available therapies (e.g Sativex®, Nabilone) could be offered for patients who were using recreational cannabis prior to admission.
2. If patient is using cannabis procured through recreational route for a medical reason, then the prescriber should be contacted to discuss options. It is up to each prescriber whether he/she agrees to prescribe cannabis use via the medical route to facilitate proper procurement and documentation as per previous section of this policy.

Associated Procedures

1. Patients are asked to disclose any substance use, including cannabis, with care team as part of admission history or medication history.
2. If a patient discloses their use of *recreational cannabis* to manage a *medical* condition or symptoms prior to admission and wishes to continue here while admitted, the prescriber will be contacted to discuss the request with the patient and make an assessment based on current clinical context. Trial of other medications or commercially available synthetic cannabinoids should be attempted first to manage any relevant symptoms.
3. If other therapies are not suitable/efficacious in managing the patient's symptoms (e.g. withdrawal, palliative comfort care, etc), and the prescriber deems that use of cannabis is the best alternative, then he/she should prescribe the use of cannabis as medical cannabis.
4. Patients will be provided information regarding this policy by care team staff. If patient is non-compliant with any aspect of this policy they will be reminded of the content by members of their care team. If non-adherence continues, the unit manager and/or prescriber will be involved to resolve the situation, and the prescriber may discontinue the order to allow medical cannabis use.

Appendix 1. General Workflow



Appendix 2. Commercially available formats of cannabinoids

Product	Principal constituents	Health Canada Official Indication(s)	Route	Onset of Effect	Duration of Effect	Compared to other agents	Availability
Nabiximois buccal spray Sativex®[5,6]	• Delta-9-THC (2.7 mg per spray) • Cannabidiol (2.5 mg per spray)	Adjunctive treatment for: • Symptomatic relief of spasticity in adult patients with multiple sclerosis who has not responded adequately to other therapy • Symptomatic relief of neuropathic pain in adults with multiple sclerosis *(marketing authorization with conditions)* • Moderate-severe pain in adults with advanced cancer despite highest tolerated dose of opioid therapy *(marketing authorization with conditions)*	Buccal spray	O:15-40 min[4] Peak plasma concentration within 2-4 hours	D: 2-4 hours[4] Starting dose is 1 spray BID (morning and afternoon/evening), then titrated up by 1 spray each day as needed and tolerated to usual dose of 4-8 sprays per day	Blood level of THC and other cannabinoid lower than when the same dose is smoked	SMH- to be added to formulary SJH- formulary PHC-
Nabilone (Cesamet®)[6-8]	Synthetic cannabinoid	Management of severe nausea and vomiting associated with chemotherapy in adults	Oral capsule	O: 60-90 min[4] Peak plasma concentration within 2 hours.	D: 8-12 hours[4]	N/A	SMH- to be added SJH- formulary PHC-
Cannabis[4]	Cannabis sativa	Not approved by Health Canada	Smoked	O: 5 min	D: 2-4 hours	Higher blood levels of cannabinoids than oral cannabis	No
			Vaporized	O: 5 min	D: 2-4 hours	Compared to smoking, vaporized cannabis may form less toxic by-products and extract delta-9-THC more efficiently. Produces similar subjective effects and plasma concentration of delta-9-THC as smoking. Bioequivalence of vaporization and smoking not thoroughly established.	No
			Oral (e.g. brownies, cookies, teas, oils)	O: 30-60 min	D: 8-12 hours	Lower peak blood levels of cannabinoids than inhaled	No

Delta-9-THC = delta-9-tetrahydrocannabinol

There are tables in the literature converting between smoked and oral THC dose based on average bioavailability. However, this may not be reliable due to wide variations in bioavailability based on product-specific factors and how the patient uses the product (e.g. depth of inhalation for smoking cannabis). For example, if a 750 mg cannabis cigarette contains 1% THC, then it contains 7.5 mg if smoked entirely, and on average, would equal approximately (7.5 X 2.5) = 18.8 mg oral dose. This should be used as a very rough guide only. **Dosing of cannabis is highly individualized and should be titrated to effect**.[4]

For more information on pharmacology, pharmacokinetics, dosage, potential therapeutic uses, precautions, warnings, adverse effects, overdose/toxicity, please refer to: Health Canada. Information for Health Care Professionals – Cannabis (marihuana, marijuana) and the cannabinoids. [accessed October 2018]. Available from: http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/cannabis/med/infoprof-eng.pdf

Appendix 3. Patient Self-Medication Administration Record (sMAR)

Please use this form to record when you take your medical cannabis, using the prompts below. Please return this form to your nurse.

Date	Time Taken	Medication Name	Dose	Route	Patient Signature	Comments

References:

Canada Minister of Justice: Cannabis Act. Current to Nov. 8, 2018. https://laws-lois.justice.gc.ca/PDF/C-24.5.pdf

Cannabis Legalization. Ontario Ministry of the Attorney General. Last updated Oct 18, 2018. Available at: https://www.ontario.ca/page/cannabis-legalization

Canada Department of Justice: Criminal Justice: Cannabis Laws and Regulations. Last updated October 17, 2018. Available at: http://www.justice.gc.ca/eng/cj-jp/cannabis/

Health Canada: What you need to Know about Cannabis. Cannabis in Canada: Get the Facts: Identifying legal cannabis products. Last updated October 19, 2018. https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html#a5

Health Canada. Cannabis for medical purposes under the Cannabis Act: information and improvements. Last updated October 17, 2018. Available at: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/medical-use-cannabis.html

Health Canada: Cannabis for medical purposes. Last modified May 16, 2018. Available at: https://www.canada.ca/en/health-canada/topics/cannabis-for-medical-purposes.html

HIROC: Marijuana for Medical Purposes Risk Notes: https://www.hiroc.com/system/files/resource/files/2018-11/Risk-Note-Practical-Guidance-for-Medical-Cannabis%20%281%29.pdf

Allan GM, Ramji J, Perry D, et al. Simplified guideline for prescribing medical cannabinoids in primary care. Can Fam Physician 2018: 64: 111-120.