

Cannabinoids in the Hospital and Long Term Care Setting

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Cannabinoids in Clinical Practice

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Learning Objectives

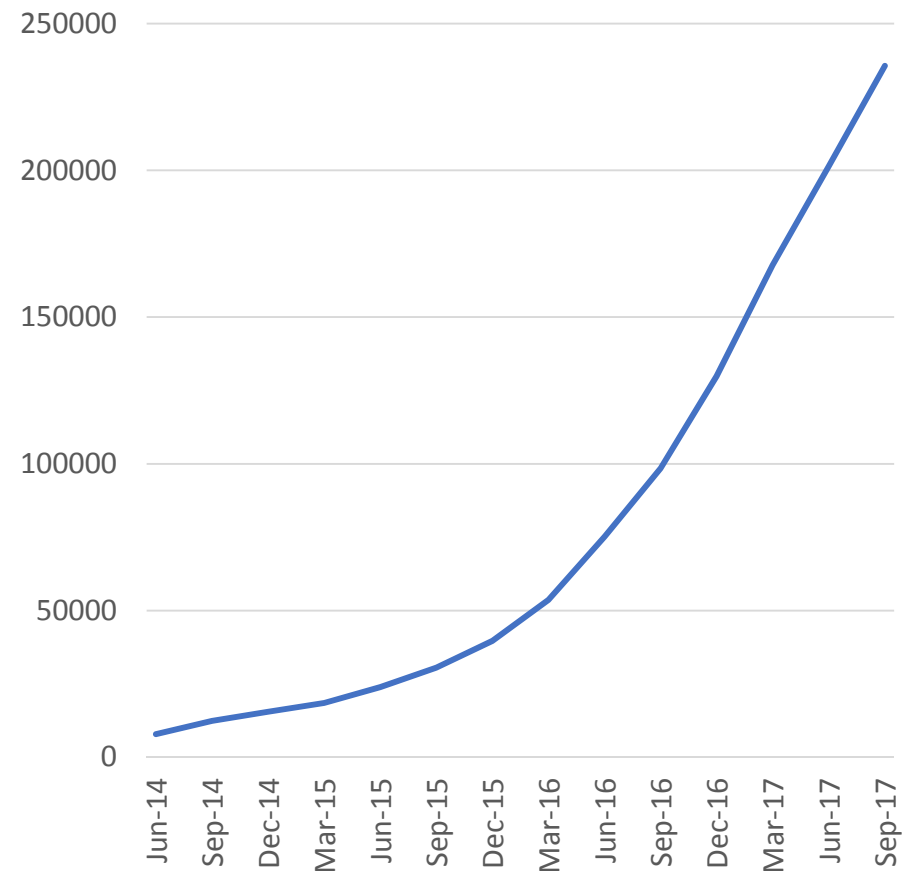
By the end of this session the learning will be able to:

- List reasons why it is important to develop a policy surrounding the use of cannabinoids in the hospital and LTC setting.
- Identify logistical and practical considerations when creating a policy for cannabinoid use in the hospital and long term care setting.
- Develop approaches for both acutely admitted and elective surgical patients already using medical/recreational cannabis and cannabinoid products

Medical Cannabis and Cannabinoids

- Increasing importance in clinical practice
 - Numerous clinical guidelines incorporating cannabinoids
 - Increasing numbers of patients using cannabis for management of chronic disease
- Introduction of legalization for adult use may increase prevalence of cannabis use and dependency

Patients Enrolled in ACMPR



Barriers to using medical cannabis in the hospital & LTC setting

- Not on formulary (patient's own medication)
- Must be treated as a narcotic - policies/procedures need updating
- Not a single product: > 250 strains/products available
- No standardized delivery: available as a dried herb, ingestible oil and capsules
- May require special preparation: nursing and pharmacy education required
- Potential effects on other patients (if inhaled)

Cannabinoid Availability in Canada

Cannabinoids Represents an Entire Class of medication:

1) D.I.N

- Nabalone (Cesamet)
- Nabiximols (Sativex)

2) Herbal Cannabis

- Dried flowers
- Oils (liquid/capsules)

Is There a Risk to Not Providing Cannabis in the Acutely Admitted Patient?

Cannabis Withdrawal Syndrome

- Irritability and/or anxiety
- Insomnia
- Nausea/poor appetite



Usually occurring after heavy or prolonged use

Symptoms peak a few days to one week after stopping cannabis use

Approach for the Acutely Admitted Patient

- If using cannabis verify the quantity, method, duration and reason for use (medical/recreational/lifestyle)
- If using cannabis on a regular basis and concerned about withdrawal or symptom management consider substitution with Nabilone:
- If using 0.5 – 1 g/day → Nabilone 0.5 mg TID
if using 1-2 g/day → Nabilone 1 mg TID
if using >2 g/day → Nabilone 2 mg TID
- Hepatically metabolized and can interfere with metabolism of other medications... pharmacists are your friends.

Approach to the Elective Surgical Patient

- Discuss options with patient prior to admission
- If not using Nabilone ask if they would be willing to use while admitted
- If unwilling ask if they have a vaporizer, ingestible oils or other non combustible ways of using herbal cannabis.
- Contract with the patient to use cannabis only with agreement of medical and allied health team

Considerations for integrating herbal cannabis products in LTC settings

Consistency of Supply, Delivery & Chain of Custody:

- Cannabis must be mailed to the patient directly from the Licensed Producer
- Possible for the patient's family to receive medication on behalf of the patient
- Physician or pharmacist can be designated a caregiver and sent directly to the home/pharmacy
- Several Licensed Producers providing support in this area

Cannabinoids in LTC

Nursing staff are concerned about legalities of administering cannabis

- Cannabis is considered a “narcotic” and same rules apply for cannabis as for opioids/benzos
- While cannabis for adult use (recreational) is still illegal, medical cannabis when authorized by a physician is legal and nurses are able to administer
- Patient and/or family can sign a release/informed consent

Cannabinoids in LTC

No "smoking room" or negative-pressure room available for vaporization

- While many patient do use inhaled cannabis via vaporization for the quick onset of action most LTC residents will use orally ingested oils
- No studies have been done on "second hand vapor"

Cannabinoids in LTC

Nursing staff are often time-poor and concerned about having to administer a potentially complex product

- Few patients will be using a vaporizer
- Oils are very easy to prepare for use (insulin, pill crushing)
- Capsules can be seamlessly incorporated into work flow

New Devices in the Pipeline



Proprietary

Raw Cannabis



Constant Cannabinoid Levels
Pharmaceutical Grade

Structural Modification



No Chemical Alteration
No Added Excipients

Preloaded Cartridges



Uniquely Identified
Childproof

Metered-Dose Delivery



100 Microgram Resolution
Selective Dosing

New Devices in the Pipeline

Syqe Inhaler Exo™ (For Hospital Use)



Take Home Points

- LTC residents are one the fastest growing groups of patients using medical cannabis
- Numerous barriers exist to incorporating cannabis into patients in LTC and Hospital settings
- Focus should be dedicated to establishing a policy surrounding the use of cannabinoids in the hospital and LTC setting

Questions?



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Further Resources

- Health Canada's document *Information for Health Care Professionals; Cannabis (marihuana, marijuana) and the cannabinoids*
Available at: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/med/infoprof-eng.php>
- Canadian Consortium for the Investigation of Cannabinoids (CCIC), free membership at www.ccic.net
- Canadian Journal of Addiction Medicine, Volume 4, number 3, September 2013; *Special Edition: Medical Marijuana, Furthering an Objective Debate.*
Available at: <http://www.csam-smca.org/member-area/cjam-journal/>
- Bayer Inc. Sativex product monograph [Internet]. Mississauga: Bayer Inc; 2005 [cited 2016 Jan 6]. Available from: <http://omr.bayer.ca/omr/online/sativex-pm-en.pdf>
- Canadian Medical Protective Association. Medical marijuana: New regulations, new College guidance for Canadian doctors. W14-005-E. Originally published May 2014 / Revised October 2015. Retrieved from: <https://www.cmpa-acpm.ca/-/medical-marijuana-new-regulations-new-college-guidance-for-canadian-doctors>

Further Resources

- College of Physicians and Surgeons of Ontario. Marijuana for Medical Purposes. Updated March 2015. Retrieved from: <http://www.cpsso.on.ca/policies-publications/policy/marijuana-for-medical-purposes>
- Meda Pharmaceuticals. Cesamet product monograph [Internet]. Somerset (NJ): Meda Pharmaceuticals; 2013 [cited 2016 Jan 6]. Available from: http://www.cesamet.com/pdf/Cesamet_PI_50_count.pdf
- Moulin, D. E., Boulanger, A., Clark, A. J., Clarke, H., Dao, T., Finley, G. A., ... & Sessle, B. J. (2014). Pharmacological management of chronic neuropathic pain: revised consensus statement from the Canadian Pain Society. *Pain Research and Management*, 19(6), 328-335.
- Pertwee, RG. *Handbook of Cannabis*. New York: Oxford University Press, 2014.