

How to Authorize Medical Cannabis in Canada



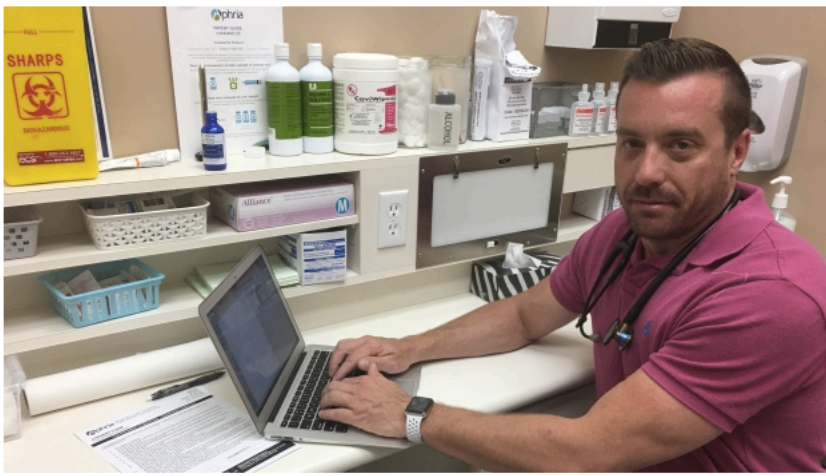
Fig. 1. Structure of cannabinoid receptor agonists and antagonists.

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Doctor urges weed-wary colleagues to prescribe pot, not opioids for pain relief

2-week waiting list for medical marijuana has now stretched to 8 months

By Jason Viou, CBC News Posted: Jul 24, 2017 5:00 AM ET | Last Updated: Jul 24, 2017 11:33 AM ET



Windsor doctor Christopher Blue is overwhelmed with patients seeking medical marijuana prescriptions. A two-week waiting list to see him for pot pain medication has now stretched to eight months. (Jason Viou/CBC News)

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A Windsor, Ont., doctor is urging his weed-wary colleagues to embrace

Disconnect Desktop

Prescription cannabinoids

Nabilone (0.25 - 1.0mg)

Oral capsule

Approved for **chemotherapy-induced nausea and vomiting**

Covered by Pharmacare

Nabiximols (2.5mg THC + 2.7mg CBD)

Oromucosal spray

Approved in Canada for **multiple sclerosis-associated neuropathic pain, spasticity and advanced cancer pain**

Not covered by Pharmacare

~~Dronabinol (Δ -9 tetrahydrocannabinol – THC) (2.5 - 10mg)~~

~~Oral capsule~~

Authorizing

Why the request? Who will be the user?

History of use (recreational vs therapeutic)

Benefits or adverse effects?

Details of current product

Discussion re: HC ACMPR program

Information re: products, how to use

Precautions re: A/E, driving

Medicinal cannabis products

Female flowers (“buds”) are rich in cannabinoids (e.g. THC)

Smoked

Herbal cannabis-joints, pipes

Vaporized

Herbal cannabis heated to release cannabinoids but prevent burning

Oral / buccal

Tinctures (alcoholic extracts)

Oils and edible products (cookies, brownies, etc.)

Sublingual spray (nabiximols by prescription)

Topical

Balms, lotions and salves

ARCHIVED - Licensed Producers

ARCHIVED - Policies, directives, guidance and information bulletins for licensed producers of marijuana for medical purposes

Additional Information for Licensed Producers under the Access to Cannabis for Medical Purposes Regulations

ARCHIVED - Application to Become a Licensed Producer Under the Marijuana for Medical Purposes Regulations (MMPR)

Application Process: Becoming a Licensed Producer of Cannabis for Medical Purposes

ARCHIVED - Guidance Document - Building and

Authorized Licensed Producers of Cannabis for Medical Purposes

The map below shows all licences issued by Health Canada under the [Access to Cannabis for Medical Purposes Regulations \(ACMPR\)](#). Only producers who are authorized to produce and sell to the public may sell or provide dried marijuana, fresh marijuana, cannabis oil, or starting materials to eligible persons.



Cannabis products

Thousands of cannabis strains exist

52 licensed producers listed >300 strains

Most strains developed for recreational use and still use common/street names

AK47, Kush, Sour Diesel, Lemon Haze, Palm Tree

Not all producers have all products all the time

HC approving products slowly

THC vs CBD

THC

CB1, CB2, ?GPR55, VR

Active in CNS

Psychotropic effects

Pain, sleep, nausea, appetite

Principle agent of euphoria or “high”

THC vs CBD

CBD

TRPV, GPR55; CB2 inverse agonist

Glial cell target in CNS

No cardiac or memory S/E

Moderator of THC effects

Potential for drug interaction CYP450

Anti-inflammatory, neuroprotective

Anxiety, psychosis, epilepsy, ?cancer

Cannabis products

Dry cannabis, fresh buds, cannabis oil, gel caps, capsules, and seeds

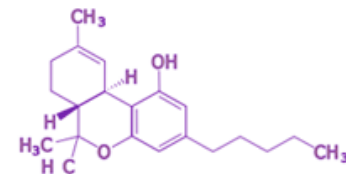
high THC (15-20+%), very low CBD (<1%)

mod CBD (9-15%), low THC (1-4%)

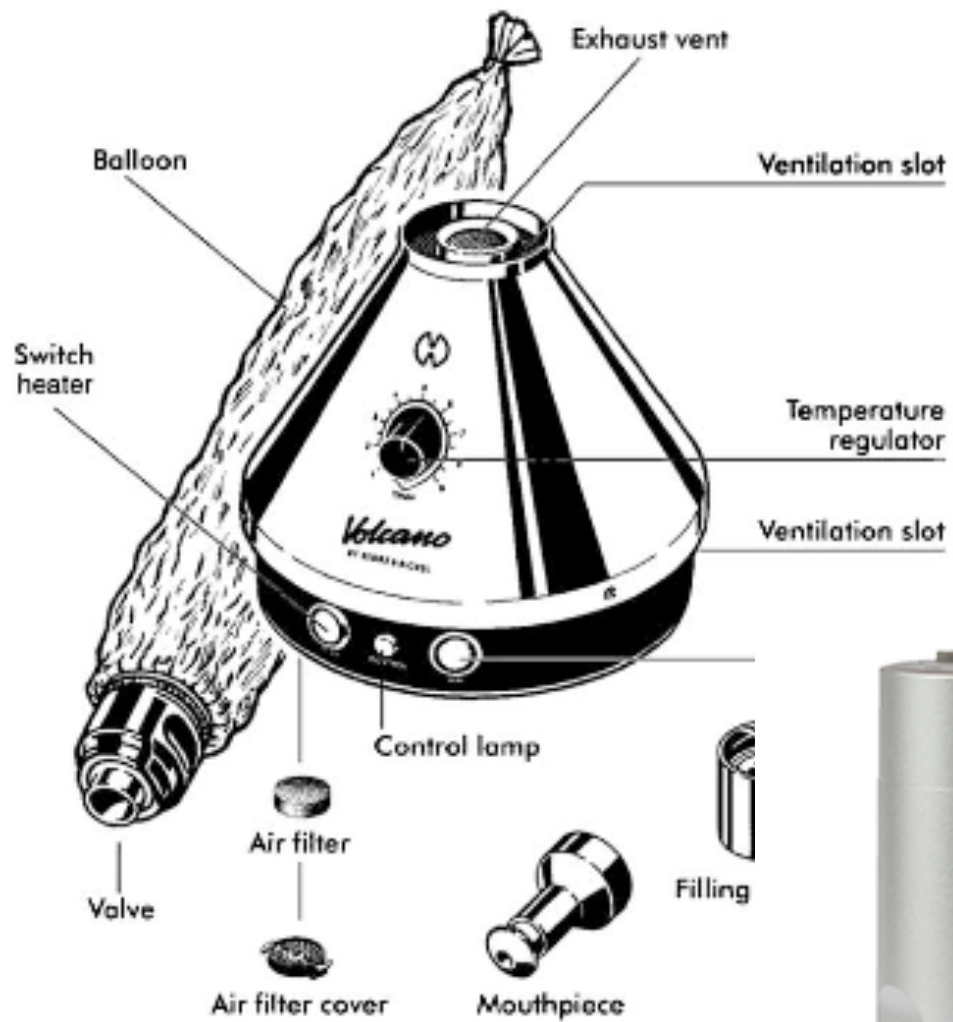
THC=CBD

Oils (THC>CBD, THC=CBD, THC<CBD)

Varying amounts of minor cannabinoids (CBC, THCV, etc.), terpenoids, flavonoids



Cannabis (flowers) / (Fleurs) broyées
10 g





CanniMed[®]
Oil/Huile 10:10

33 mg/ml delta-9-tetrahydrocannabinol (THC)
33 mg/ml total / totale de
delta-9-tetrahydrocannabinol (THC + THC-A)
3.5 mg/ml cannabidiol (CBD)
3.5 mg/ml total / totale de cannabidiol (CBD + CBD-A)

This product has not been authorized for sale
under the Food and Drugs Act. It has not been
assessed for safety or efficacy to treat or prevent
any disease or symptom.

La vente de ce produit n'est pas autorisée sous
le régime de la Loi sur les aliments et drogues.
Linnocuité et l'efficacité de ce produit n'ont
pas été évaluées en regard de la prévention
ou du traitement des maladies ou de
leurs symptômes.

60 ml

330 mg total / totale de delta-9-tetrahydrocannabi
(THC + THC-A)
35 mg total / totale de cannabidiol (CBD + CBD-A)



TILRAY

T100TM

THC ●○○

CAPSULES

**FULL SPECTRUM CANNABIS OIL /
HUILE DE CANNABIS À SPECTRE COMPLET**



WITH ORGANIC SUNFLOWER OIL
ÀVEC HUILE DE TOURNESOL BIOLOGIQUE

ARGYLE
(Nordia)

Argyle

100% CANNABIS OIL / HUILE DE CANNABIS
100% CANNABIS OIL / HUILE DE CANNABIS

100% CANNABIS OIL / HUILE DE CANNABIS
100% CANNABIS OIL / HUILE DE CANNABIS

Contraindications

Contraindications:

Psychosis/schizophrenia

Unstable heart disease

Pregnancy

Age <21-25 y

Cannabis side effects

CV

Tachycardia with acute use

Vasodilatation, conjunctival redness, postural hypotension

Increased risk of MI (reflex tachycardia in existing CAD)

GI

Dry mouth

Decreased gastric/colonic emptying

Increased risk of hepatic steatosis/fibrosis (HCV patients)

Pancreatitis with chronic, heavy, daily use

Reproductive

Anti-androgenic, decreased sperm count, motility

Association with increased fetal loss, low birth weight, prematurity, neurodevelopmental harms

Cannabis side effects

Respiratory

Cough, sputum, ?COPD with chronic smoking

Psychiatric

Acute psychosis, possible earlier onset of schizophrenia in youth
?Worsening of pre-existing anxiety and depression

Neuro-cognition

Short term reduction in attention, problem solving, judgment, decision making

Driving-collision risk increases with serum THC concentration

Carcinogenesis

Burning cannabis releases many of the same chemicals as tobacco

Adverse effects of medical cannabinoids: a systematic review

Tongtong Wang MSc, Jean-Paul Collet PhD MD, Stan Shapiro PhD, Mark A. Ware MBBS MSc

General population considerations:

- Comorbidities (medical and psychiatric)

- Concomitant use of other meds and substance abuse

General drug considerations:

- Very low toxicity/lethality

- Most effects short-term; long-term users report fewer AEs

- Most common: dizziness, dry mouth, drowsiness

Overall:

- Poorly studied in medical use

- Most AEs from population studies in recreational use

Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis

What is already known on this topic

Little consensus exists in the scientific literature on how driving under the influence of cannabis affects the risk of a motor vehicle collision in naturalistic settings

What this study adds

Acute cannabis consumption nearly doubles the risk of a collision resulting in serious injury or death; this increase was most evident for studies of high quality, case-control studies, and studies of fatal collisions

The influence of cannabis use on the risk of minor collisions remains unclear

These data could help inform policy and interventions tackling road safety and raise public awareness of the collision risks when driving under the influence of cannabis

Road traffic accidents and psychotropic medication in the Netherlands: a case-control study

Silvia Ravera,¹ Nienke van Reijn,² Johan J. de Gier¹ & Lolkje T. W. de Jong-van den Berg²

Departments of ¹Pharmacotherapy and Pharmaceutical Care and ²Pharmacoepidemiology and Pharmacoeconomics, University of Groningen, Antonius Deusinglaan 1, 9713 AV Groningen, Netherlands

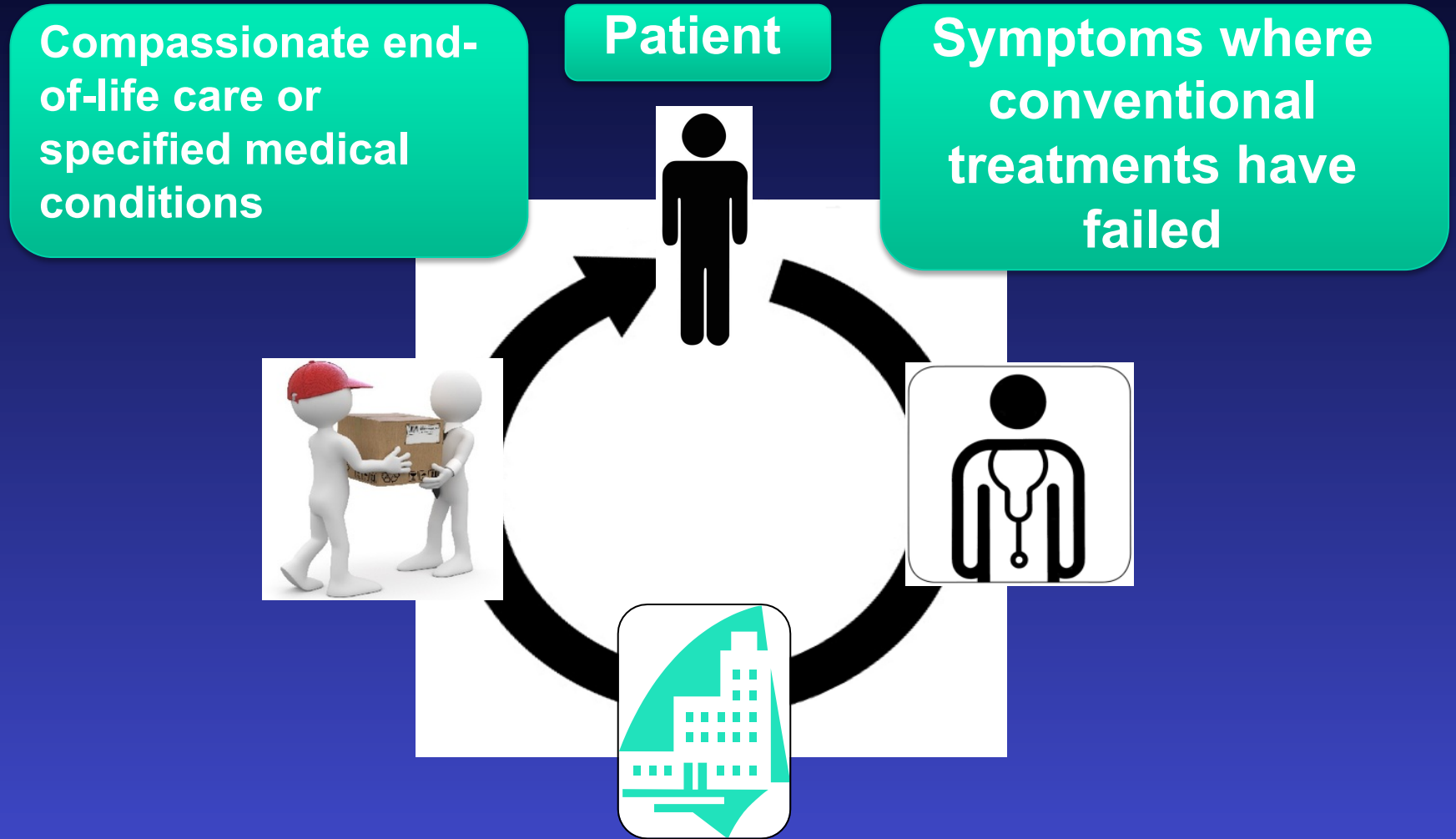
WHAT IS ALREADY KNOWN ABOUT THIS SUBJECT

- Some psychotropic medications (e.g. benzodiazepines, sedative antidepressants, etc.) can impair cognitive and psychomotor functions and, therefore, endanger traffic safety.
- There is a lack of knowledge concerning the role in traffic safety of first and new generations of psychotropic medications, new and chronic users, young and old drivers, and polypharmacy.

WHAT THIS STUDY ADDS

- There is an increased risk of having a traffic accident after being exposed to some psychotropic medicine classes and, in particular, to SSRIs.
- Health care professionals and patients should be properly informed about the potential effects of some psychoactive medications on driving abilities.
- The role of SSRIs in traffic safety has to be investigated further.

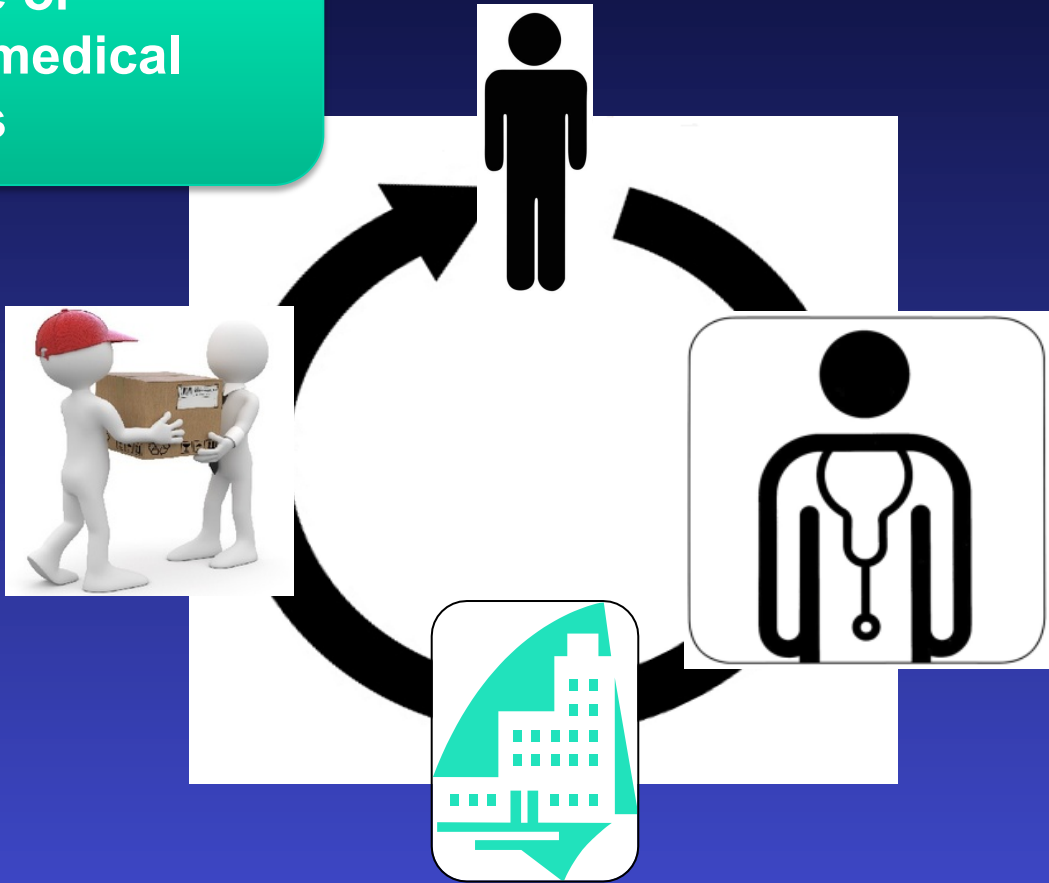
Current ACMPR process



Current ACMPR process

Compassionate end-of-life care or specified medical conditions

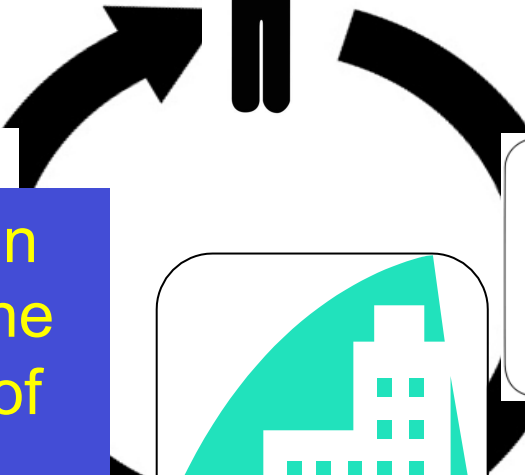
Patient



A physician completes a medical document on behalf of patient for access to medicinal marijuana

Current ACMPR process

Patient



The patient sends an application form to the Licensed Producer of their choice.

Current ACMPR process

Patient



The Licensed Producer validates the client's medical document / application form and adds them as a client. Once the client orders product, it is then shipped via secured courier to their door.

Please mail or

Mailing Address

Part 1 - Health Care Practitioner information

Name
Title Given name(s) Surname

Profession
Medical licence number Province licensed to practice

Clinic/Business name

Unit # Street address

City Province Postal code

Telephone # Fax # Email address
Optional

Address of consultation (If different from business location) Same as location above

Unit # Street address

City Province Postal code

Health Care
Practitioner
Information

Part 2 - Patient information

Patient's name
Given name(s) Surname

Date of birth
MM/DD/YYYY

Patient
Information

Part 3 - Written order

Medical diagnosis (optional)

Please Note:

Product choice

The Applicant may access grams of medical marijuana per day for days / weeks / months

Note: Applicant can possess a maximum of 150g or 30 times their daily amount, whichever is less. The period of use cannot exceed one year and begins the day the Medical Document is signed by the HCP.

I, attest that the information contained in this document is correct and complete.
Printed name of Health Care Practitioner

Health Care Practitioner's signature _____ Date
MM/DD/YYYY

Written
Order

Physician
Attestation,
Signature

Documentation

Document date/place of discussion

Authorization: which LP, what products

copy of authorization form in chart

Follow-up visit regarding benefits/A-E

Outcomes (symptoms, functional state)

Further F/U as necessary

Summary

Cannabis & cannabinoids have active role in supportive and palliative care

Evidence of clinical benefits in pain, nausea, appetite, inflammation, seizures

Pre-clinical work continues in a wide range of conditions

The field continues to be “interesting”