

Cannabis for the Hospitalized Patient: Position Statement



Canadian Society of
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Société canadienne des
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Statement

The Canadian Society of Hospital Pharmacists (CSHP) is committed to patient care through the advancement of safe and effective medication use and the promotion of best practices and interprofessional collaboration. The [Cannabis Act](#) allows patients to access cannabis for medical and/or recreational purposes. In accordance with the laws and ethics that govern and guide pharmacists in every Canadian jurisdiction, CSHP advocates for respect of the rights and autonomy of the patient. CSHP recommends that the use of cannabis be assessed for clinical appropriateness throughout the duration of an institutional admission and supports the continuation of therapy if assessed to be appropriate for the patient. CSHP endorses hospitals having a policy in place to support the continued access to cannabis for patients whose use is clinically appropriate. Hospitals should also implement a policy for the safe discontinuation of cannabis when its use is not clinically appropriate.

Background

Legislation

Prior to October 17, 2018, under the provisions of Access to Cannabis for Medical Purposes Regulations (ACMPR), a medical document from an authorized health care practitioner was required for a patient to legally access cannabis.¹ Patients could either purchase cannabis from a licensed producer or produce their own.

On October 17, 2018, the Cannabis Act and its regulations replaced the ACMPR and expanded access to cannabis to individuals without a medical document, including use for recreational purposes. Adults over the age of 18 years may purchase, possess, grow, share, and consume cannabis in accordance with the laws of their province of residence. They may legally purchase dried or fresh cannabis and cannabis oil from a provincially-licensed retailer.² In provinces and territories without a regulated retail framework, individuals may purchase from federally-licensed producers online.² Cannabis edible products and concentrates became legal for sale on October 17, 2019.²

It is important to note that cannabis is not considered an approved therapeutic product in Canada because it has not been issued a drug identification number (DIN) or been granted a Notice of Compliance by Health Canada.³

Issue

Currently, when patients with medical authorization for cannabis are admitted to hospital, they are generally permitted to bring their own cannabis for use during their stay. The exception is in Quebec, where hospitals are required to provide medical cannabis to patients who have a medical document from an authorized provider.

However, since the introduction of the Cannabis Act, more patients are choosing to access cannabis without pursuing medical authorization.⁴ When admitted to a hospital, these patients are not permitted to continue their cannabis. In the extrapolation of studies showing the negative impact of omitting a home medication at hospital admission, abruptly discontinuing cannabis may also lead to clinical deterioration.⁵

Recommendations

Clinical Assessment of Cannabis Use

CSHP recommends that upon admission to a hospital, each patient should be asked about cannabis use and have their use documented in the Best Possible Medication History. The inclusion of cannabis will ensure all care providers have accurate information across all transitions of care.⁶

Like assessing patients' home medications for continuation during hospital admission, the decision to continue cannabis also requires a clinical assessment. The pharmacist's evaluation should take into consideration the indication for cannabis, the patient's prior trials of other medications for that indication, the efficacy and safety of the cannabis being used and superior alternatives for the patient. If cannabis use is appropriate, continued access during hospital stay should be ensured.

Supply and Route of Administration

Hospitals should have policies in place to ensure uninterrupted cannabis access for patients whose cannabis use is clinically appropriate. This policy should include a process for obtaining medical authorization to initiate medical cannabis for clinically appropriate patients who have been using a recreational supply at home.

Patients take cannabis in different ways, including smoking, drinking, eating, vaping, and dabbing. However, as smoking and vaping indoors are prohibited in most Canadian jurisdictions, patients who take their cannabis by these routes will require an alternative if they are unable to go outside. The hospital's policy should also include suggested management strategies to ensure uninterrupted access to cannabis for patients who choose to smoke or vape at home. Options for these patients include the addition of cannabis to the hospital formulary, providing a prescription cannabinoid, or allowing the patient to bring in a different form of medical cannabis from home.

Managing Withdrawal Symptoms

In the case of inappropriate cannabis use, as determined by a clinical assessment, patients must discontinue cannabis safely. Abrupt discontinuation may precipitate mild to moderate withdrawal symptoms, which may include anger, anxiety, fever or chills, headache, stomach pain, and sleep disturbances.⁷ These may appear within 1-2 days of discontinuation and generally resolve within 1-2 weeks.⁷ Hospitals should have policies in place to mitigate and treat any symptoms of cannabis withdrawal in the case where discontinuation is necessary.

Ethical Considerations

Respect for persons is an ethical principle of health care, which necessitates a respect for patient's autonomy.⁸ A patient's choice to use cannabis should be respected regardless of the involvement of an authorized prescriber.

Non-maleficence, which is preventing harm, is another key ethical principle of health care.⁸ Access to cannabis, when deemed clinically appropriate, should be ensured to prevent patient harm such as withdrawal symptoms.

Glossary

Term	Definition
Cannabis	Cannabis sativa (i.e., cannabis, marihuana, marijuana) is a hemp plant that contains over 500 distinct compounds and over 100 different phytocannabinoids, the most common ones being delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). ¹
Cannabinoid	Synthetic cannabinoids are also available as prescription medications in Canada and are regulated under the Controlled Drugs and Substances Act and the Narcotic Control Regulations. ⁹ The two prescription cannabinoids currently on the market are nabiximols (a botanical cannabis extract containing approximately equal concentrations of Δ 9-THC and CBD as well as other cannabinoids, terpenoids and flavonoids, marketed as Sativex [®]) and nabilone (synthetic Δ 9-THC analog marketed as Cesamet [®]). ³
Medical cannabis	Cannabis obtained by a patient who has a medical document from an authorized health care practitioner. These patients may access cannabis for medical purposes by buying from a federally licensed seller, registering to produce a limited amount of cannabis for their own medical purposes, or designating someone to produce it for them. ¹ Depending on their provincial and territorial legislation, they may also buy cannabis from authorized retail outlets or online sales platforms.
Home medication	In this document, home medications are all prescribed and non-prescribed drugs, vitamins, and natural health products that patients take outside of hospitals or other institutions.
Recreational supply	In this document, recreational supply of cannabis is either home-grown plant material and plant extracts, or obtained from a retail store without a medical authorization. It may be used for either recreational or medical purposes.

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