

Guidance for pharmacists, pharmacy technicians, and pharmacy proprietors

Cannabis for medical purposes



Alberta
College of
Pharmacy

Advice to the Profession

This guidance is to support pharmacists and pharmacy technicians in complying with the Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT) and the Alberta College of Pharmacy's (ACP) Code of Ethics (COE) when cannabis is legally available. It also addresses responsibilities of proprietors in relation to the COE and Standards for the Operation of Licensed Pharmacies (SOLP). In general, mandatory requirements that are found in legislation or the SPPPT are noted by the use of the word "**must**" and are referenced to the relevant legislation. Guidelines reflecting practices that support adherence to the standard use the term "**should**".

This document should be read and interpreted in conjunction with the [Introduction to the Cannabis Act and its regulations](#).

Background

With the [Cannabis Act](#) coming into force on October 17, 2018, there will be two distinct systems for distributing cannabis in Canada: the federally regulated medical system which essentially remains unchanged, and a provincial system that regulates the retailing of cannabis for recreational use. The legalization of cannabis has implications for pharmacy practice both in respect to medical use of cannabis by patients and recreational use of cannabis. There is a need for pharmacists, as medication experts, to consider how best to contribute to the health and well-being of individuals who may be using cannabis, whether for recreational or medical purposes. Specifically, it is expected that pharmacists will have the skills, training, and expertise necessary to inform individuals about the risks and possible treatment benefits of cannabis, to identify drug therapy problems that may arise from cannabis use, and to help individuals using cannabis for medical purposes better manage their cannabis use within their overall treatment plan and health goals.

Purpose

The SPPPT and COE establish practice requirements for all pharmacy practices. It is the intention of this guidance to provide an interpretation of the current practice framework, in the context of cannabis, to support pharmacists and pharmacy technicians in providing patient care, and to better define the role of pharmacists and pharmacy technicians when cannabis is considered or authorized for medical purposes. This role is expected to continue to evolve.

Professional relationship with the patient

The ability to develop professional relationships with individuals is vital to effective pharmacy practice and the provision of care. Within a professional relationship, pharmacists and pharmacy technicians are guided by, and obligated to practise within, the SPPPT and COE. Professional relationships are formed with the purpose of optimizing individuals' health or drug therapy and allowing pharmacists to gather information in a manner that respects the personal needs, beliefs, and health goals of the individual.

When pharmacists encounter individuals using cannabis or requesting information about cannabis, pharmacists **must** establish a professional relationship with the individual prior to assessing or advising about the use of cannabis for any medical purpose¹.

When pharmacy technicians encounter individuals using cannabis or requesting information about cannabis, pharmacy technicians **must** establish a professional relationship with the individual prior to collecting information and referring them to a pharmacist.

Pharmacists and pharmacy technicians **should** provide care in a person-centred manner that is unbiased and does not stigmatize or judge the individual if cannabis is used for medical or recreational purposes.

Developing competence

Pharmacists have an obligation to ensure they have the necessary knowledge, skills, and competencies to assess an

¹Standard 2 of the SPPPT describes the requirements and obligations of forming a professional relationship with the patient or their agent.

individual and provide appropriate care, regardless of the medication or condition they are treating. Similarly, pharmacy technicians **should** have the necessary knowledge to gather relevant information for a pharmacist to assess the appropriateness of therapy. In this regard, cannabis for medical purposes should be treated no differently from other medications, treatments, or therapies. However, cannabis may differ because research supporting the efficacy of cannabis for medical purposes is limited and continues to grow. Pharmacists need to be aware of this limitation when critically evaluating sources of information and knowledge and when building their competence:

- Pharmacists **must** ensure they have the knowledge and skills about cannabis, its use, potential benefits, and risks to provide care to individuals². Resources reviewed should be objective and evidence-based. Pharmacists **should** not rely solely on sources that are affiliated with, sponsored by, or reimbursed by licensed processors or distributors of cannabis (or third parties affiliated associated with them).
- Pharmacists **should** develop and use critical appraisal skills to evaluate any evidence presented to them.

Assessment, treatment, and monitoring

As the use of cannabis becomes normalized, pharmacists and pharmacy technicians can expect more inquiries about cannabis. Pharmacy technicians **must** refer individuals asking clinical questions about cannabis to a pharmacist³. Pharmacists **should** routinely assess individuals for cannabis use, regardless of purpose. Care should be taken to assess the risks and the potential benefits of cannabis use and to enhance individuals' understanding if cannabis is incorporated into their treatment plan:

- Pharmacists **must** gather and consider appropriate information to assess each individual, including their understanding and experience with cannabis. Individuals' overall health status and treatment history **must** be assessed before advising about the possible use of cannabis for medical purposes, or where ongoing monitoring occurs⁴.
- Pharmacists **must** consider any use of cannabis when developing an individual's treatment plan and determine if there are any actual or potential drug therapy problems⁵. When cannabis is added to an individual's treatment plan, the pharmacist **must**⁶
 - identify the indication for cannabis use,
 - identify parameters to monitor the condition being treated including monitoring for potential adverse events arising from cannabis use, and
 - identify appropriate timeframes for monitoring and follow up and identify who will conduct the reassessment.
- Pharmacists **must** document in the patient record of care⁷
 - any known use of cannabis (medical or recreational),
 - any referral of the individual to a physician or nurse practitioner authorized to prescribe cannabis, and
 - any sale or referral for sale of cannabis.
- Pharmacists **should** base their assessment and advice on the accepted clinical guidelines recognized by ACP Council, [Simplified Guidelines for Prescribing Medical Cannabinoids in Primary Care](#) published by the Canadian College of Family Physicians.
- Pharmacists **should** educate individuals and the public about the potential benefits and risks associated with

²SPPPT 1.7

³SPPPT 1.8, 2.2, and 5.2

⁴SPPPT 3.1

⁵SPPPT 4.1 and 4.2

⁶SPPPT 3.1, 3.4, and 3.5

⁷SPPPT 3.1, 4.1, 4.2, 5.3, 18.2(c), 18.3(c), and Appendix A

cannabis use. Risks to consider include, but are not limited to

- use by individuals younger than 25 years of age can impact brain development and lead to long-term health and social problems;
 - the potential for impairment when driving or operating machinery, particularly when used in conjunction with other drugs and substances that affect the central nervous system;
 - smoking cannabis has a respiratory risk profile similar to smoking tobacco;
 - use of cannabis **should** be avoided in individuals with, or at risk of, mental health issues such as psychosis or substance-use disorder; and
 - the risks of using cannabis during pregnancy or while breastfeeding.
- Pharmacists **should not** recommend or promote the use of smokable or inhaled cannabis for any purpose, but also **should not** stigmatize or deny care to individuals who smoke or inhale cannabis.

Collaboration

The legalization of cannabis for recreational use may have the unintended consequence of allowing individuals to seek cannabis for medical purposes through outlets licensed to retail recreational cannabis. This has the potential to bypass the guidance and assessment of a healthcare provider.

Pharmacists cannot authorize cannabis for medical purposes and **must not** direct or recommend that individuals obtain cannabis through sites licensed to sell cannabis for recreational use⁸. Pharmacists **must** be aware of their limited scope of practice when asked about sourcing cannabis for medical purposes⁹. When a diagnosis or authorization has not been provided by a physician or nurse practitioner, they **must** work with the individual and their healthcare team to determine whether cannabis should be considered¹⁰. When determined appropriate, they **should** refer the patient to a physician or nurse practitioner who can assess the patient and provide an authorization¹¹.

Pharmacists **must** collaborate with other healthcare professionals¹²

- when assessing whether cannabis for medical purposes is appropriate for an individual, and
- if the pharmacist identifies a drug therapy problem or adverse event due to the use of cannabis for medical purposes.

Conflicts of interest and ethical considerations

With the legalization of cannabis, it is incumbent for pharmacists and pharmacy technicians to remember that foundational rules continue to apply in the new environment. As Canada takes a new approach to cannabis, pharmacists and pharmacy technicians **must** continue to abide by the provisions of the legislation, the COE, and the SPPPT in relation to integrity, ethical treatment of patients, and conflicts of interest.

Pharmacists have a responsibility to perform comprehensive and individualized patient assessments, and make clinical decisions based on the health interests of the individual and not the commercial interests of the pharmacy. When advising individuals about cannabis or assessing individuals' cannabis use, pharmacists **must** focus on individuals' best interests¹⁴. Any advice or action that is based on providing financial advantage to the pharmacist, a pharmacy, or proprietor without providing a material benefit to the health of the individual may be considered unprofessional conduct¹⁵.

⁸Cannabis Regulations, Part 14

⁹Cannabis Regulations, Part 14

¹⁰SPPPT 1.7(d)

¹¹Cannabis Regulations, Part 14, s. 272(1)

¹²SPPPT 1.7(d), 4.1, 4.2, and 5.3

¹³SPPPT 1.1

¹⁴COE, principle 1(9) and 1(12)

¹⁵Health Professions Act 1(1)(pp)(ii)

Pharmacists, pharmacy technicians, and pharmacy proprietors **must not** allow themselves to be unduly influenced by lawful cannabis cultivators, processors, or sellers^{16,17}. Pharmacists and pharmacy technicians **must** avoid conflicts of interest in relation to cannabis, and if a personal interest conflicts with that of a patient they **must** disclose it and resolve it for the well-being of the patient¹⁸. Pharmacists and pharmacy technicians **must not** accept gifts or other benefits from or enter into any association with any person, including those associated with the lawful cultivation, processing, or sale of cannabis for medical purposes, that could have the effect of compromising their professional independence, judgement, or integrity¹⁹.

Additional resources

Towards Optimized Practice, [Cannabinoid Clinical Practice Guidelines](#)

Health Canada, [Information for Health Care Professionals: Cannabis and the cannabinoids](#)

Centre for Addiction and Mental Health, [Canada's Lower-Risk Cannabis Use Guidelines \(LRCUG\)](#)

Government of Canada, [Federal Cannabis Act](#)

Government of Canada, [Federal Cannabis Regulations](#)

Advancing Practice, [Medical Cannabis Certificate Program](#)

¹⁶COE, principle 1(12)

¹⁷Classes of licenses authorizing activities in relation to cannabis are defined by the Cannabis Regulations, s. 8, s. 11, s. 17, and s. 26

¹⁸COE, principle 1(1), 1(9), 1(10), 1(11), and 1(12)

¹⁹SPPPT 1.15



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