

MEDICAL CANNABIS SURVEY OF HEALTH CARE PROVIDERS IN CANADA

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INTRODUCTION

Canada legalized cannabis for recreational purposes in 2018. Cannabis for medical use has been legal for over 20 years.

People living with HIV use cannabis at 3-4 times the rate of the general population which may reflect widespread medical and/or problematic use.

There is a need for health care providers (HCPs) to engage with patients about their cannabis use.

HCPs have noted gaps in knowledge and a lack of evidence on health effects as barriers to service delivery.

Objective: to engage HCPs to document barriers and facilitators to service provision post-legalization by assessing cannabis education, knowledge and clinical experiences.

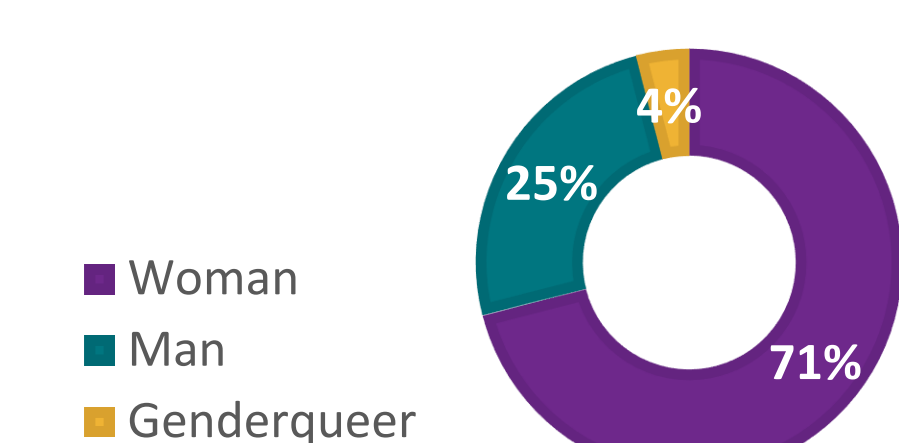
METHODS

STUDY METHODOLOGY

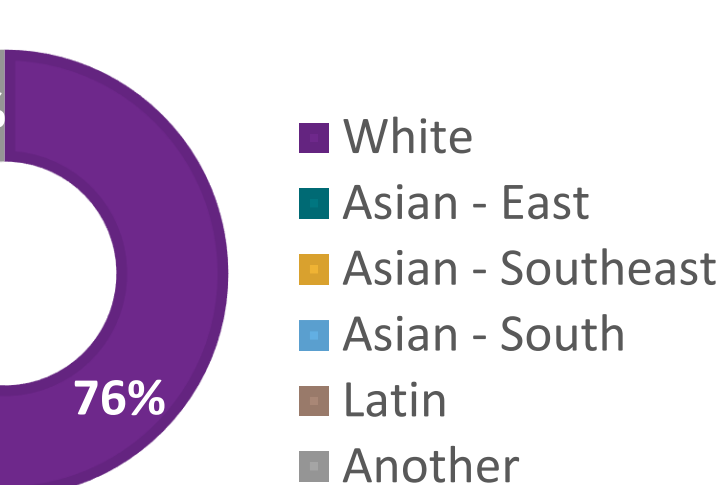
Over 300 professional Canadian health care organizations were contacted for recruitment assistance, including the Ontario HIV Treatment Network (OHTN), local OHTN Cohort Study sites and the Ontario HIV Clinic Network among others. Participants had to be HCPs (physician, resident, nurse or pharmacist), complete the survey in English, and have access to an electronic device with internet and email access. In total, 82 HCPs completed the 15-minute online Medical Cannabis Survey in REDCap.

RESPONDENT DEMOGRAPHICS

GENDER IDENTITY



RACE OR ETHNICITY

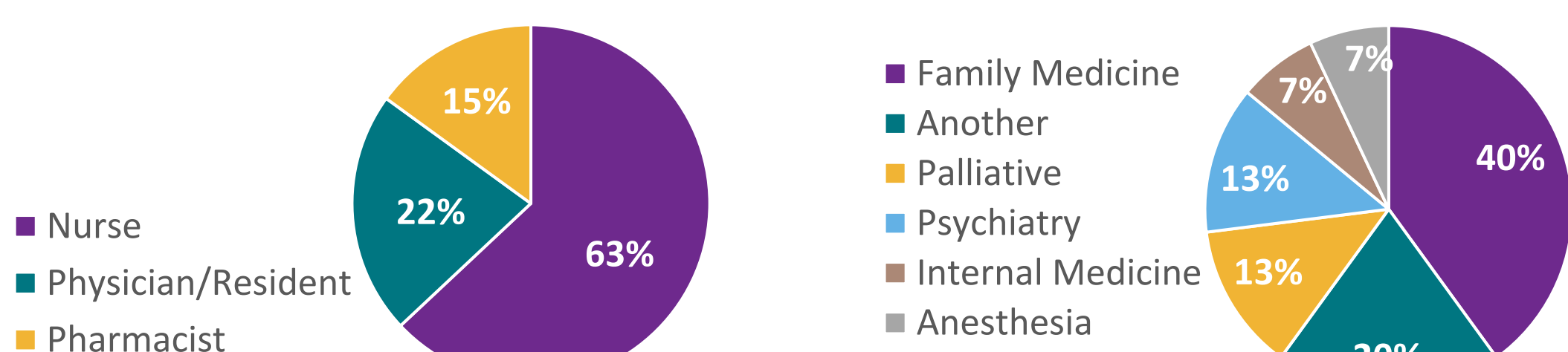


Mean age: 46 years (SD = 13)
Age range: 23 - 68 years

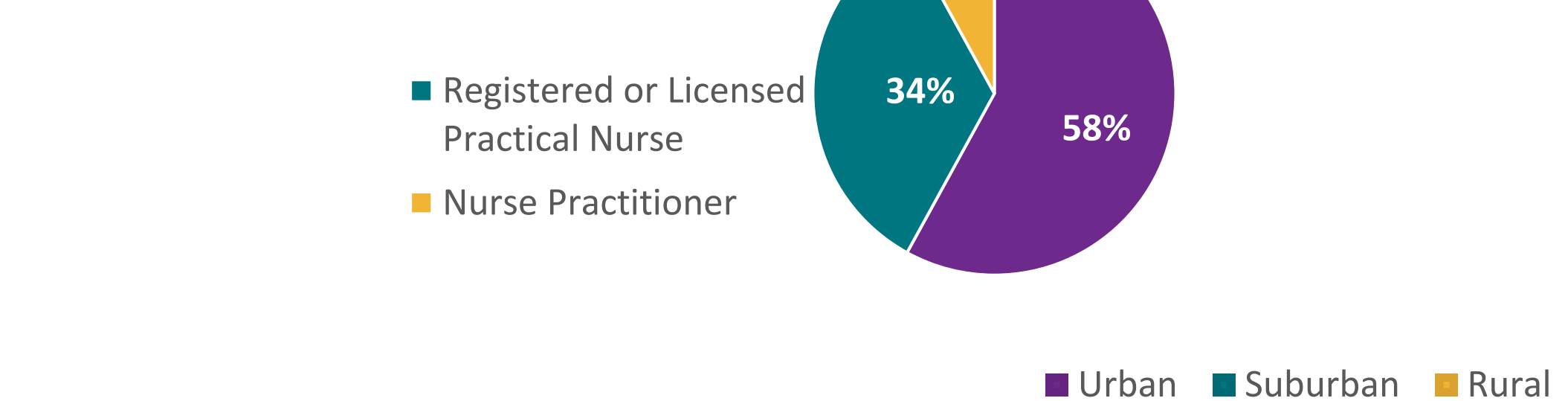
BORN IN CANADA



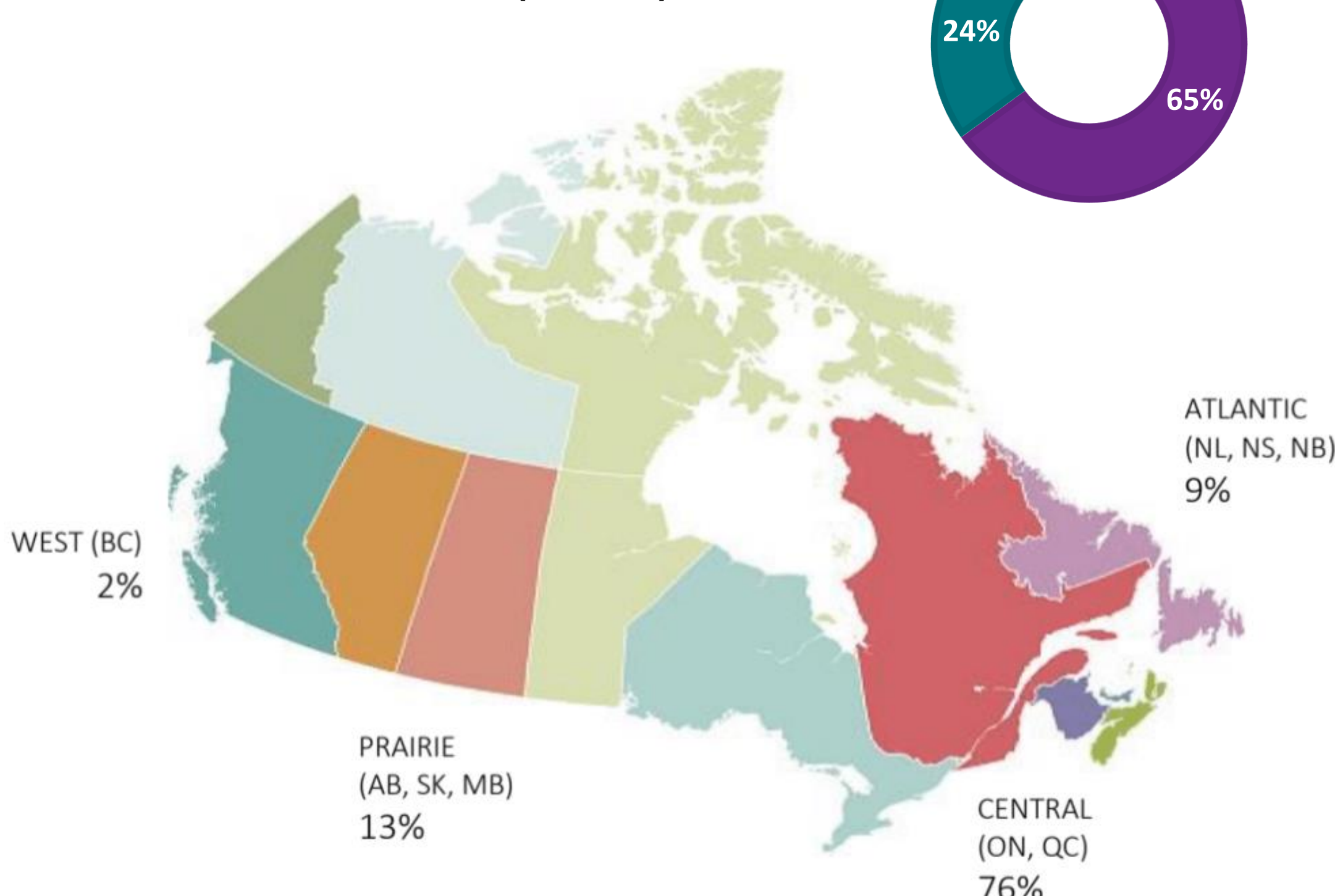
HCP TYPE AND SPECIALTY



HCP COMMUNITY TYPE AND REGION OF PRACTICE (N=82)

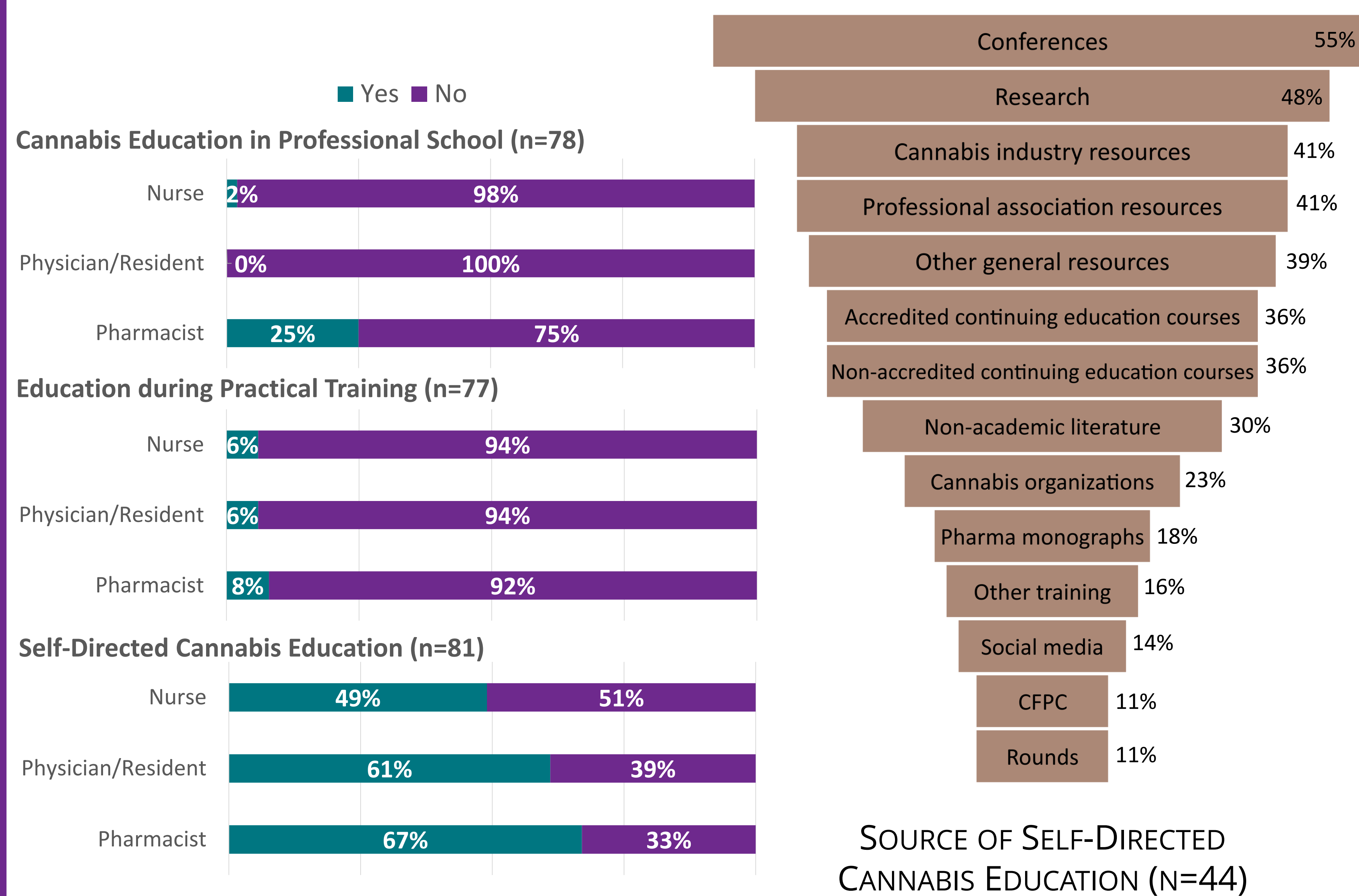


HCP COMMUNITY TYPE AND REGION OF PRACTICE (N=82)

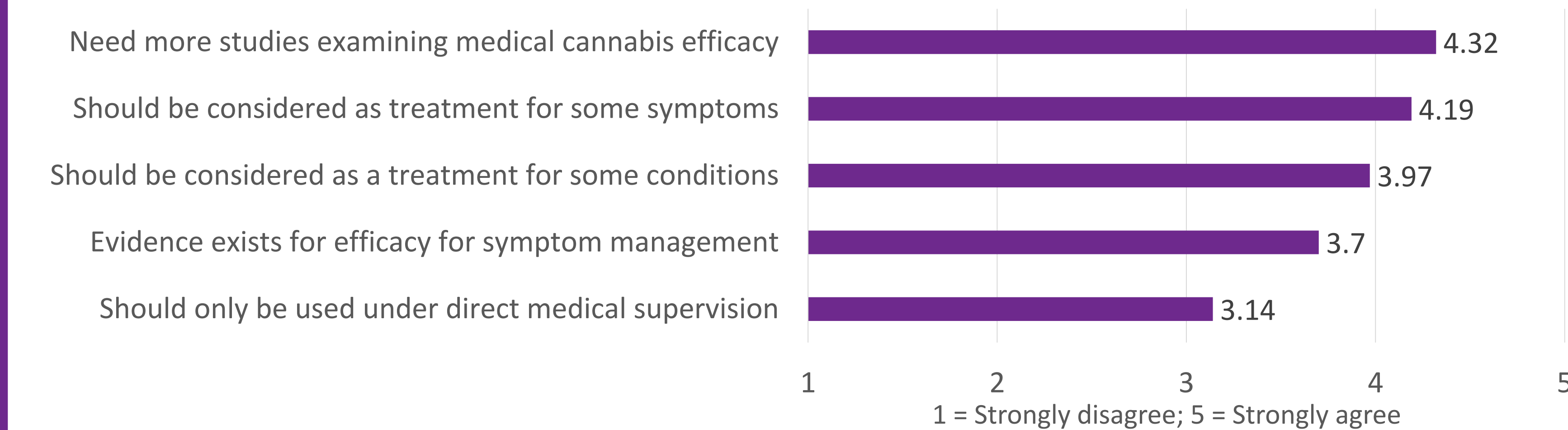


RESULTS

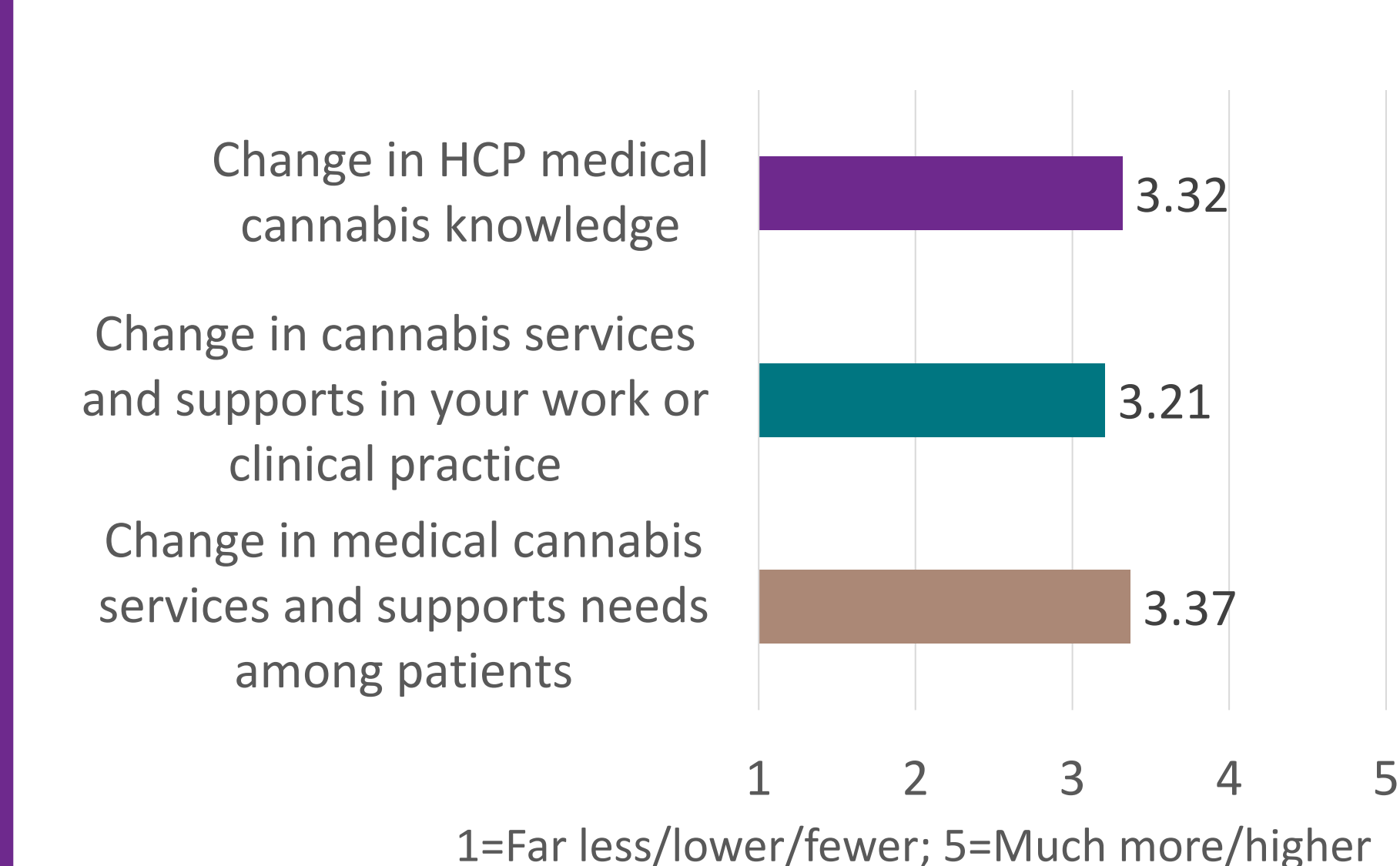
CANNABIS EDUCATION AND TRAINING



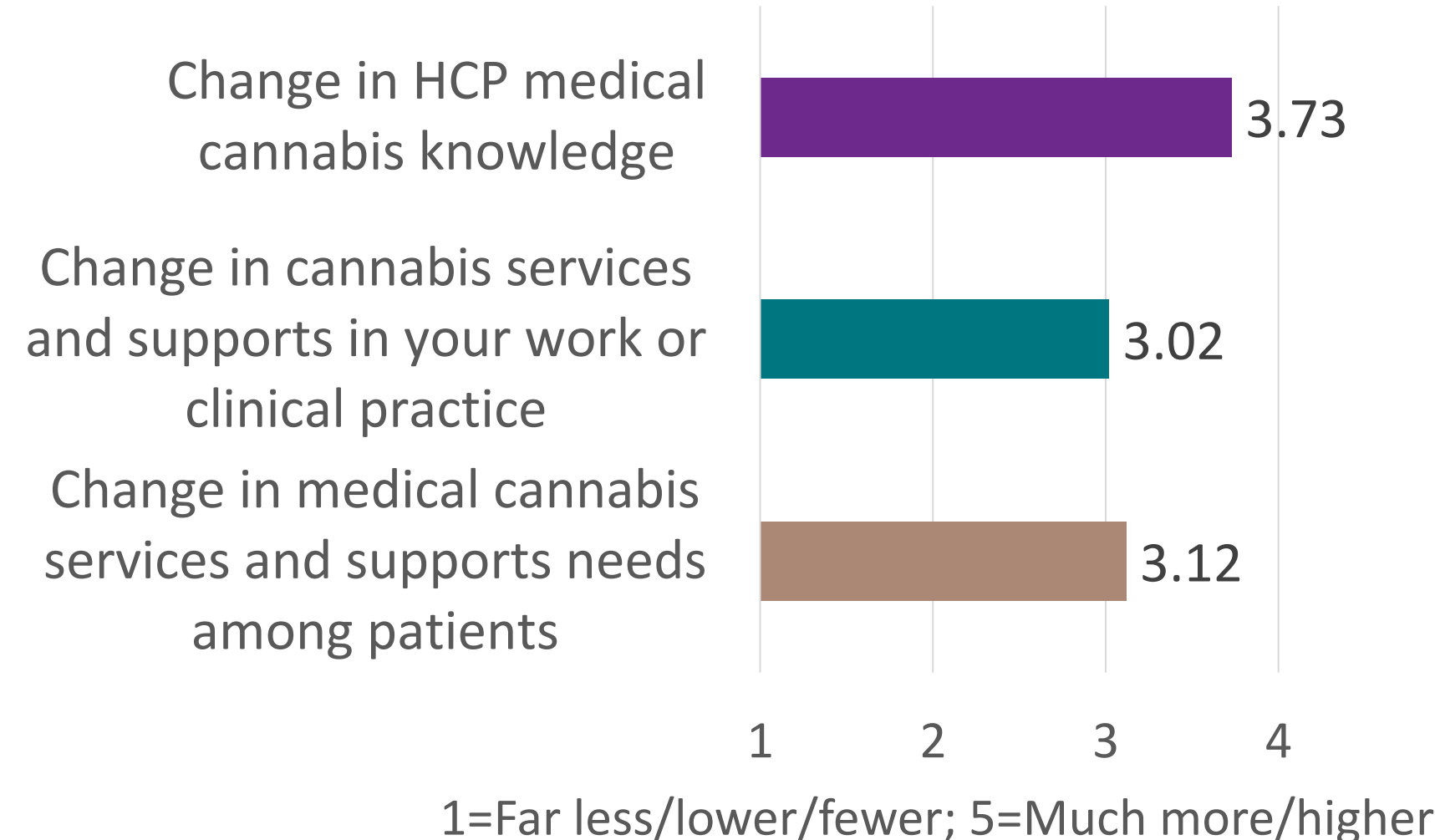
MEDICAL CANNABIS ATTITUDES



IMPACTS OF THE COVID-19 PANDEMIC

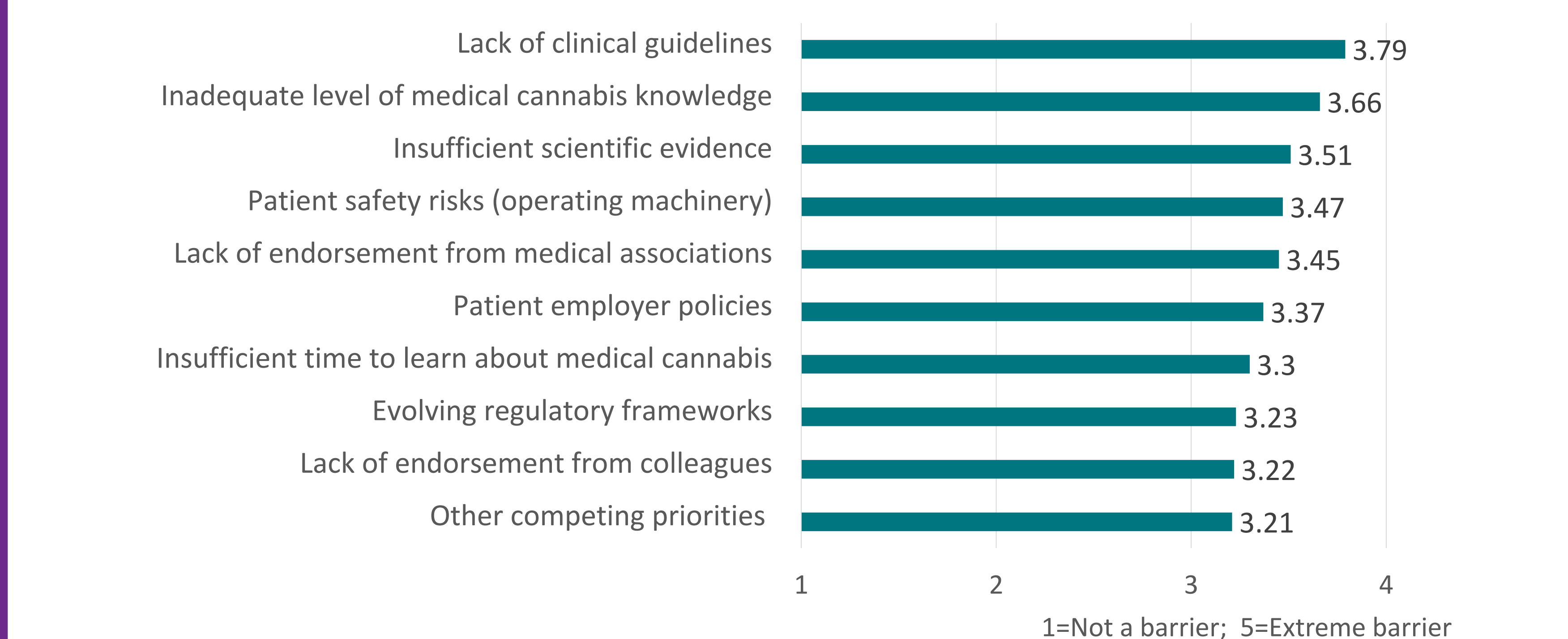


IMPACTS OF RECREATIONAL CANNABIS LEGALIZATION



WORK AND CLINICAL PRACTICE

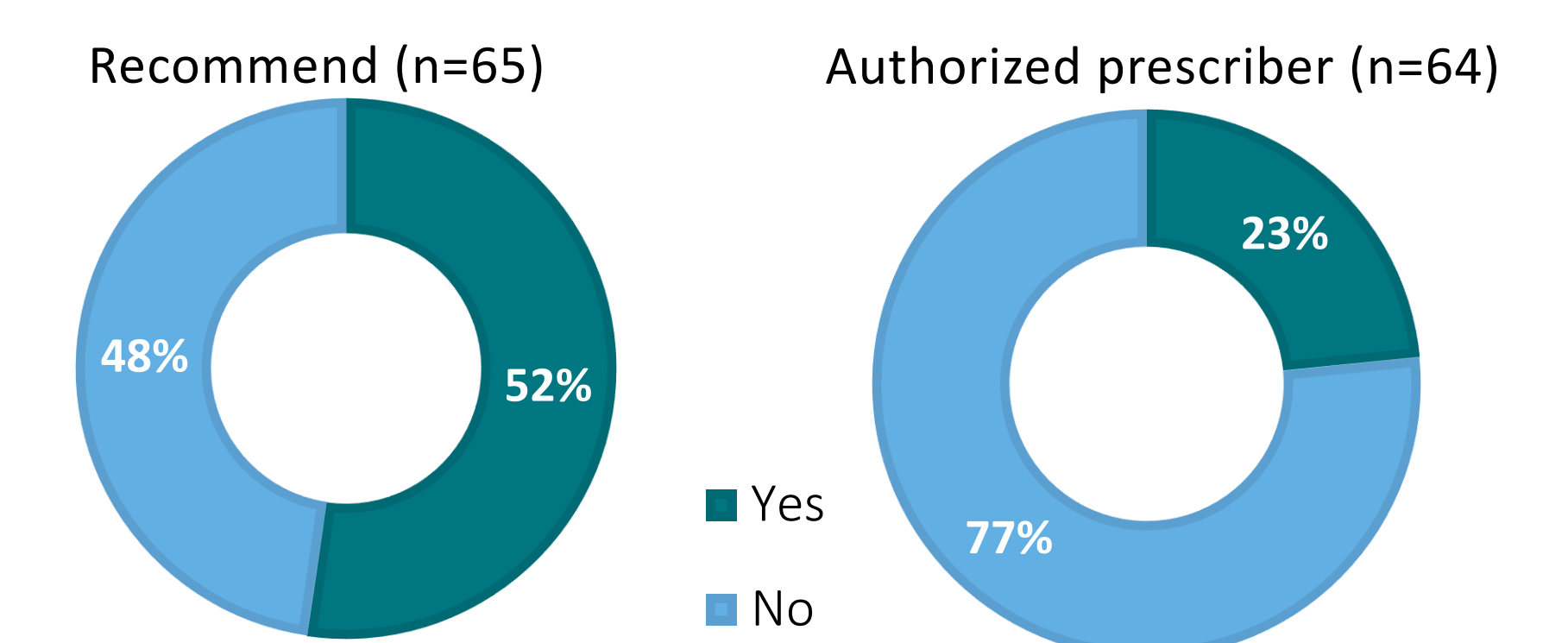
BARRIERS TO RECOMMENDING MEDICAL CANNABIS



RESULTS

WORK AND CLINICAL PRACTICE

HCP RECOMMENDING AND PRESCRIBING STATUS

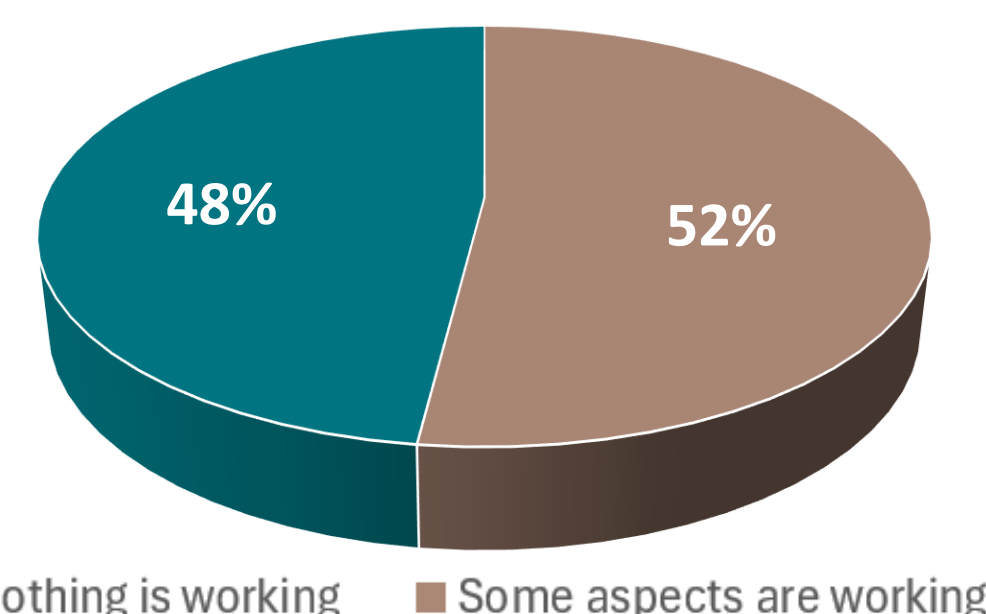


KEY RECOMMENDATIONS FOR HCP EDUCATION AND TRAINING

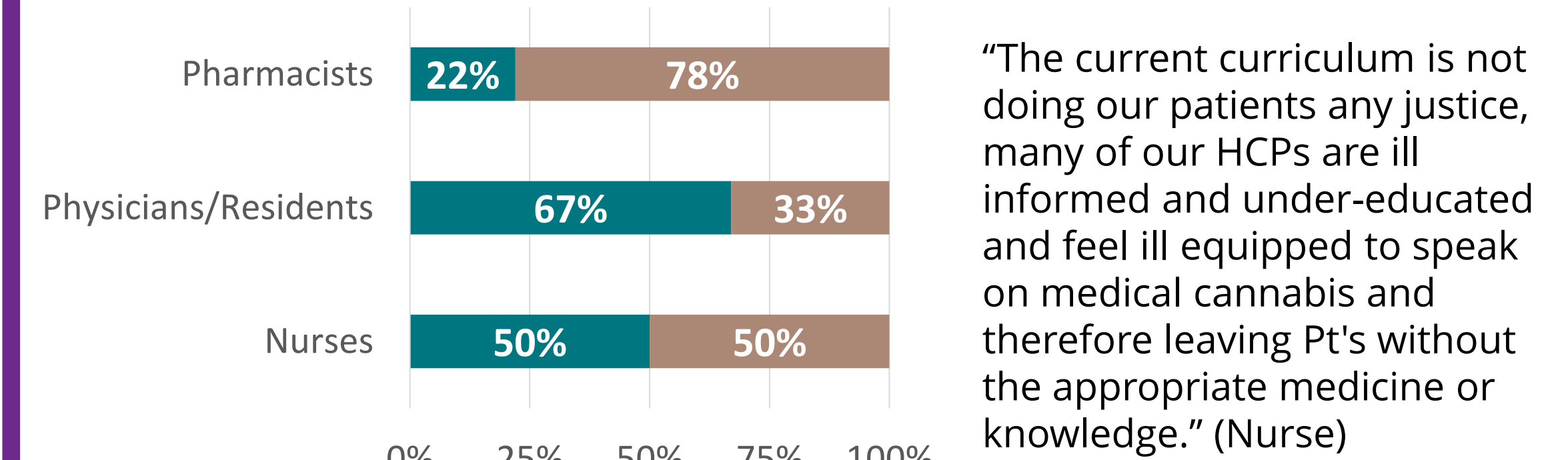
WHAT IS WORKING?

"Some of the continuing education materials have been helpful in terms of describing side effects and drug interactions of cannabis products. The legislation surrounding them has also been covered." (Pharmacist)

"Overall notion regarding efficacy of cannabis for the most commonly sought after indications." (Physician/Resident)



WHAT IS NOT WORKING?



WHAT NEEDS TO CHANGE? (N=54)

Comprehensive education

- Continuing medical education/training that is regularly updated based on emerging evidence
- Specific training topics (i.e., indications, dosing, drug interactions, withdrawal management, cannabis-induced psychosis)

Cannabis research

- Need for more high-quality research concerning medical cannabis to build evidence and inform practice
- Designated research priority (i.e., federal and provincial funding investments)

Clinical resources

- Need for standardized assessment tools, clinical guidelines and cannabis product information to support patients
- Communication and guidance from medical regulators is crucial

DISCUSSION

Very few HCPs receive cannabis education in either professional school or during their practical training; the large majority of HCPs reported self-directed learning as their source of cannabis education.

Lack of clinical practice guidelines was the most highly-rated barrier to HCPs recommending medical cannabis.

HCPs reported low knowledge of laws, regulations, and referral procedures.

Despite low knowledge levels and rates of prescribing, most HCPs viewed medical cannabis as a valid treatment option but felt that more research is needed to guide their clinical practice.

Recommendations to improve service delivery include comprehensive and continuing cannabis-related medical education, investments in cannabis research to build the evidence base and improved communication and guidance from medical regulators.

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mental health is health

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HIV TREATMENT
NETWORK