McMaster University | HEALTH FORUM

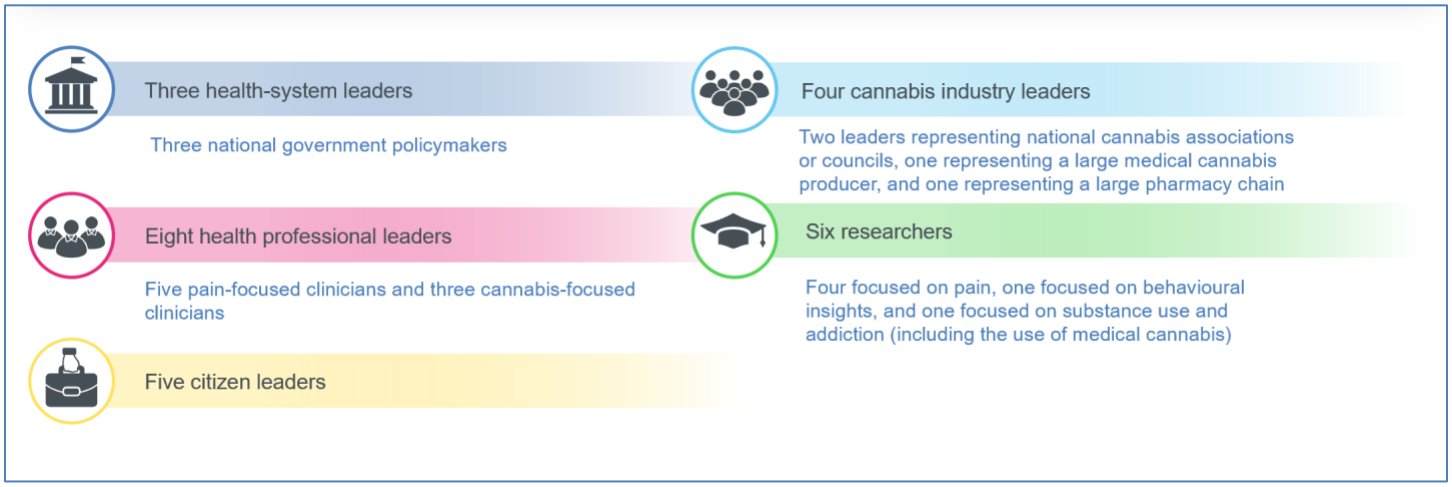
Dialogue summary

Supporting the evidence-based use of cannabis for chronic pain in Canada

21 June 2023

Background

In partnership with the Michael G. DeGroote National Pain Centre and as part of a Canadian Institutes of Health Research (CIHR) funded project on developing a guideline for the use of medical cannabis for chronic pain, the McMaster Health Forum convened on 21 June 2023 a stakeholder dialogue on supporting the evidence-based use of cannabis for chronic pain in Canada. Twenty-six participants – a mix of health-system leaders, professional leaders, citizen leaders, cannabis-industry leaders and researchers – deliberated about the problem, elements of a potentially comprehensive approach for addressing it, implementation considerations and possible next steps for different constituencies.



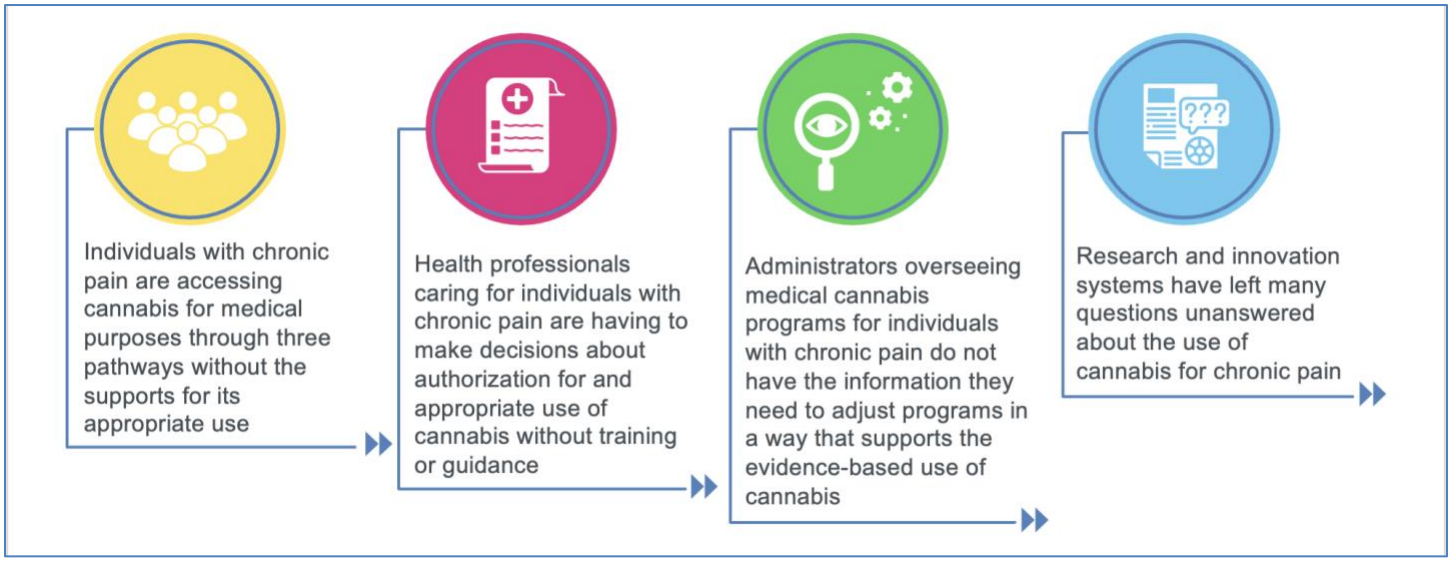
Box 1: Background to the stakeholder dialogue

The key features of the stakeholder dialogue were:

1) it addressed an issue currently being faced in Canada
2) it focused on different features of the problem, including (where possible) how it affects particular groups
3) it focused on four elements of a potentially comprehensive approach for addressing the issue
4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, four approach elements, and key implementation considerations
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach to addressing it
6) it brought together many parties who would be involved in or affected by future decisions related to the issue, including five citizen leaders who brought their own unique perspectives
7) it ensured fair representation among policymakers, stakeholders and researchers
8) it engaged a facilitator to assist with the deliberations
9) it allowed for frank, off-the-record deliberations by following the Chatham House Rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"
10) it did not aim for consensus.

We did not aim for consensus because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, as well as because even senior leaders typically need to engage elected officials, boards of directors and others about detailed commitments. Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary.

Summary of deliberation about the problem



During the deliberation about the problem, participants largely agreed with the description of the four components of the problem described in the evidence brief, while also sharing additional insights, which are summarized below. They also noted more generally that this is such a complex problem that it's difficult to know where to start.

Dialogue participants emphasized four features of the problem as it is experienced by individuals with chronic pain:

- those using or considering using cannabis for medical purposes often feel stigmatized by their family and friends, by their employer (who may still require random drug tests and take disciplinary action if cannabis use is detected) and by their healthcare provider, which can create challenges in accessing and using cannabis for medical purposes
- peer support is not readily available to those using or considering using cannabis for chronic pain, and finding others with whom they can comfortably discuss the use of cannabis for medical purposes can be a challenge
- support is also not available specifically for youth, who may face unique challenges in accessing and using cannabis for medical purposes
- family physicians and nurse practitioners may be unwilling to provide a medical authorization (for reasons we return to in the next sub-section), which leaves individuals with the options of finding another healthcare provider willing to provide the authorization, growing it themselves, or (as is happening increasingly) purchasing it through a recreational retailer.

Participants made two observations regarding the perspectives of health professionals caring for individuals with chronic pain:

- many health professionals (including family physicians and nurse practitioners) lack the knowledge or simple tools – like a dosing tool or a shared decision-making tool that would support a trial of cannabis for medical purposes – to authorize and support the evidence-based use of cannabis for medical purposes, some have preconceptions about cannabis as a treatment and about the motivation of those who request it, and some may express hostility to those who provide medical authorizations
- those family physicians and nurse practitioners who are not actively involved in supporting the evidence-based use of cannabis may cause their patients to withdraw from primary care or lose a sightline into a significant aspect of how their patients are managing their chronic pain.

Participants also made two observations about the problem from the perspective of administrators overseeing medical cannabis programs:

- a single program that reimburses medically authorized cannabis is likely driving the price point for cannabis products used for medical purposes in Canada

- the government programs, workers' compensation programs and private-insurance programs that reimburse medically authorized cannabis have no 'levers' to support the evidence-based use of cannabis (because they can't influence how health professionals and patients make decisions about using cannabis to manage chronic pain other than through adjustments to reimbursement rules).

Finally, dialogue participants emphasized three points about how the problem manifests itself in research and innovation systems:

- existing research on the use of cannabis for medical purposes (including for chronic pain) is based on lower-potency smoked (THC-predominant) cannabis, which makes it difficult for health professionals and program administrators to determine the most appropriate therapeutic use of the many other products available (e.g., oral CBD)
- there are gaps in research about the use of cannabis for medical purposes and its impact on individuals in the workplace, which may be particularly important to support injured workers with chronic pain and their interactions with their employer, workers' compensation program and health system
- access to a legal recreational cannabis market reduces patients' willingness to enrol in controlled trials (because being assigned to the placebo group may mean stopping their current cannabis regimen) and there are too few 'active-active' comparisons currently underway.

Summary of deliberation about elements of a potentially comprehensive approach to address the problem

During the deliberation about element 1, dialogue participants identified four actions needed to support individuals using cannabis for chronic pain:

- create a shared patient-physician decision-making tool to support whether and how to pursue a trial of cannabis for medical purposes, which includes information about the benefit-to-harm ratio of cannabis as well as other available treatments
- design and implement a strategy to support the behaviour changes needed to ensure patients are making use of the shared decision-making tool alongside their healthcare providers (which may include a broader effort to address stigma)
- create trusted sources of evidence-based information about cannabis for chronic pain that patients can find and that retailors can be allowed to point them towards, including building on established efforts like the Power over Pain Portal, and working with youth and with employers to create supports customized to their needs
- improve product packaging by introducing standards about dosing equivalents across different forms of cannabis that may be used to manage chronic pain (e.g., dried cannabis, extracts and oils).

In discussions about element 2, participants identified the same first two actions as above – creating a shared decision-making tool and implementing a strategy to support its use – as well as five others:

- create a dosing tool and develop dosing-education programs for health professionals
- make adjustments to the College of Family Physicians of Canada cannabis resources for family physicians, the Power over Pain Portal and the Health Canada resource listing for healthcare practitioners, as well as sources like DynaMed and UpToDate, both now with the release of the new guideline and as additional resources (like the shared decision-making tool and dosing tool) come online to support health professionals in their decision-making
- embed medical authorizations for cannabis into existing electronic health record (EHR) systems to streamline the process and to embed it within a broader set of treatment options for chronic pain
- support family physicians, nurse practitioners and other health professionals engaging in shared care with health professionals who (or interdisciplinary pain clinics that) are highly skilled in using cannabis and other approaches in treating individuals with chronic pain and more generally use a psychosocial (rather than purely medical) model of care, which includes leveraging e-consult technologies, ensuring that remuneration systems support these e-consults, and identifying appropriate ways to bring pharmacists into the mix
- support ongoing adjustments to health professional training so new graduates are equipped to keep abreast of and adjust their practices to changes in treatment paradigms (e.g., psychosocial versus medical models of care for individuals with chronic pain) and evidence supporting specific treatment options.

During discussions about element 3, participants singled out four needed actions:

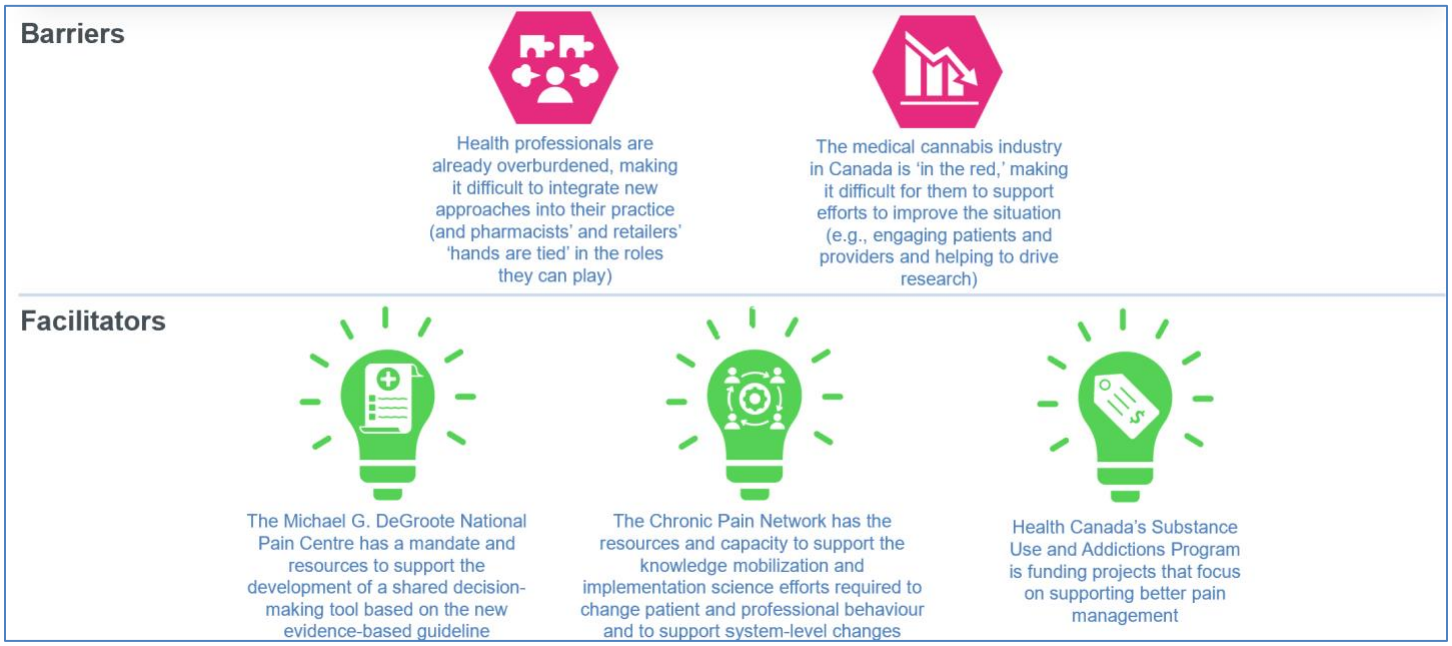
- partner with high-volume authorizers to better understand what works well in supporting individuals' use of cannabis for chronic pain, and gain insights about opportunities for spreading and scaling these approaches to other health professionals, particularly family physicians and nurse practitioners
- establish clear triggers (or red flags) that may 'scare off' health professionals who are not authorizing cannabis for medical purposes in appropriate ways (e.g., with appropriate dosing), and commit to learning from our experience with prescribing opioids for chronic pain to ensure this approach doesn't punish those who are filling an important need with high volumes of appropriate authorizations
- find ways to educate patients when they submit reimbursement claims (e.g., pointing them to patient-targeted resources about the evidence-based use of cannabis and other treatment options for chronic pain) and to encourage them to work collaboratively with their health professional (including their family physician or nurse practitioner) – individually or in a shared-care model – in managing their chronic pain safely (e.g., using a shared decision-making tool and avoiding harmful interactions with medications)
- find ways to adjust reimbursement-program designs to avoid one program or a small number of programs driving the price point for products in Canada.

Three actions were suggested by participants during discussions about element 4:

- strip away additional barriers to conducting robust clinical trials of cannabis products for medical use (e.g., enabling and supporting 'active-active' comparisons and ensuring that the cannabis producer's poor financial situation does not impede the work), as well as other types of studies
- grow real-world evidence resources, including those leveraging pharmacy data
- establish links between clinical research funders and teams and public-health research funders and teams to ensure that these domains don't remain siloed.

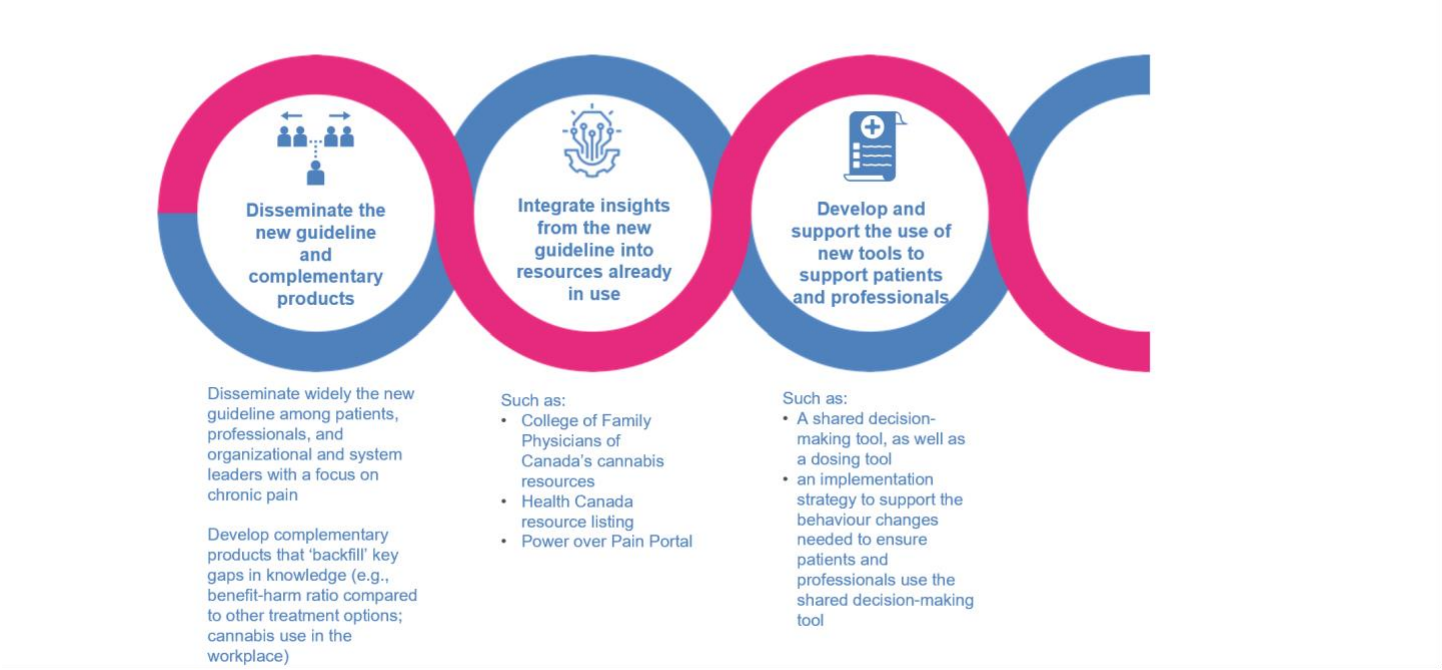
Summary of deliberation about implementation considerations

Participants identified two major barriers that may present challenges to taking the actions described above. They also identified three key facilitators, all of which are related to the availability of resources to support future actions.



Summary of deliberation about next steps

Participants identified three next steps that can be pursued in the near term and led by the individuals who participated in the stakeholder dialogue or the groups with which they're involved.



Moat KA, Lavis JN. Dialogue summary: Supporting the evidence-based use of cannabis for chronic pain in Canada. Hamilton: McMaster Health Forum, 21 June 2023.

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