

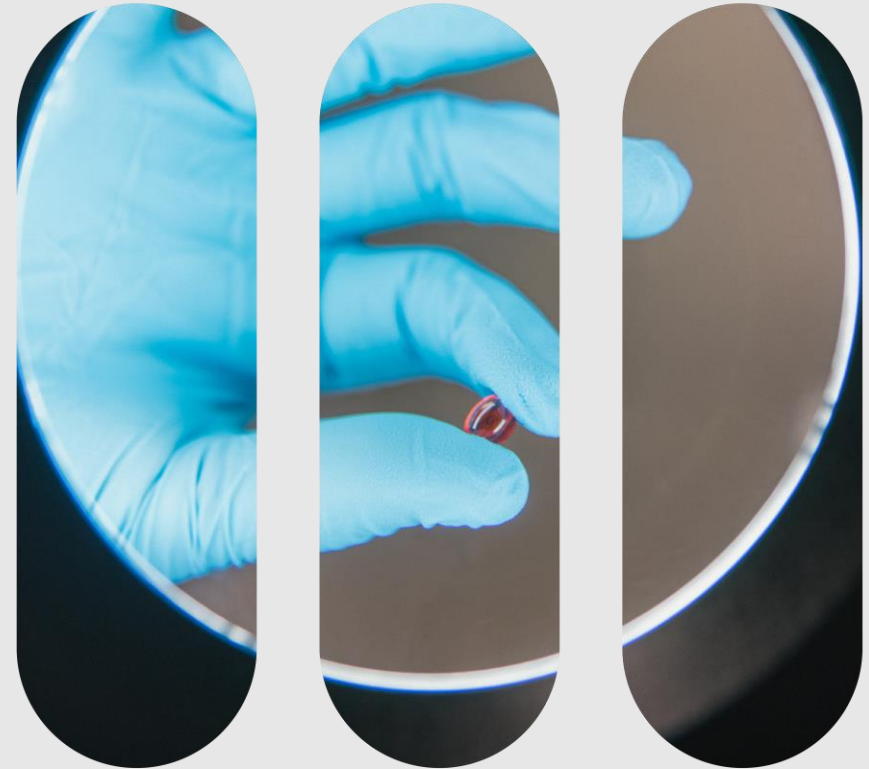
”Weed” Like to Know Care to Chat

October 2nd, 2018

David Greb

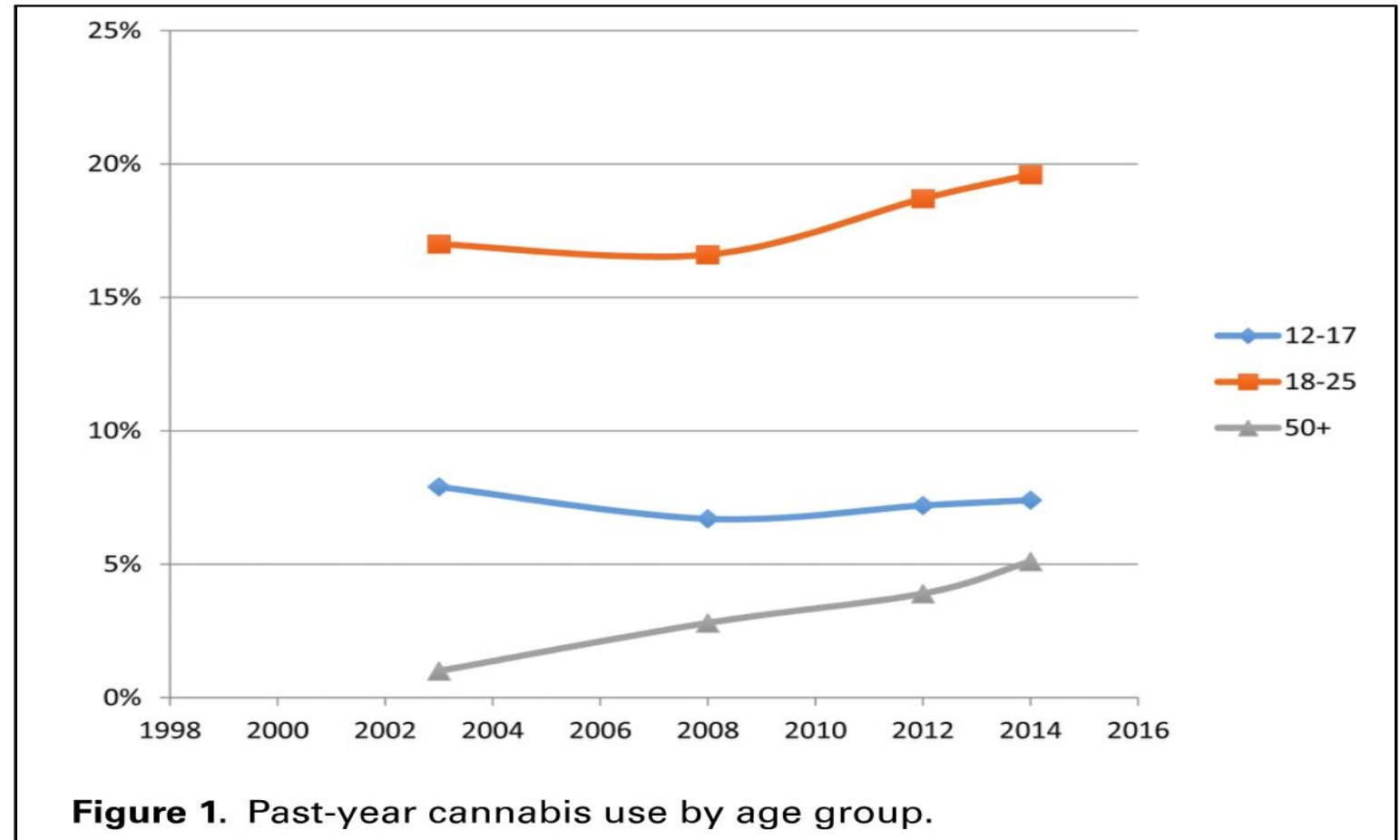
Director, Continue Care

Canopy Growth Corporation



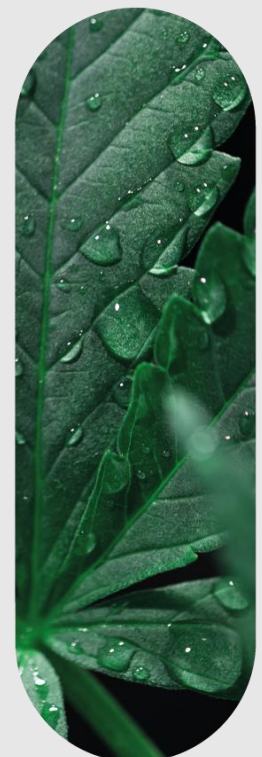
Cannabis Use in Older Persons

**~500% Growth
Between
2004-2014**



(Schauer et al., *Am J Prev Med* 2016)

Emerging Evidence for Medical Cannabis In Continuing Care



The tip of the Iceberg

Growing Market

- Fastest growing demographic of medical cannabis users.
- Aging population
- Highest utilization of opioids, benzos and anti-psychotics.

Knowledge

- Lack of Knowledge and education among continuing care sector.
- Medical Directors tend to be late adopters
- Webinars, Online Courses, Workshops.

Political

- Lack of Government policy
- Lack of Professional College Support
- Significant variation in policy amongst provinces.
- Significant pressure to reduce opioids, benzos and psychotics.
- .

Evidence

- Evidence showing safety and efficacy
- Emerging evidence around agitated dementia and Alzheimer's.
- Many Anecdotal Case Repots
- Intriguing Animal Studies

Research

- Pilot Studies and Clinical Trials are launching.
- Building support tools (Provincially, Nationally and Internationally.)
- Areas of Dementia / Alzheimer' and Wound Care are emerging markets with massive potential.

Access

- Difficult to access Medical Cannabis in Continuing Care
- Senior's need more specific guidance and support.
- Service models that better service continuing care and seniors aging in place.
- Families are looking for alternatives.



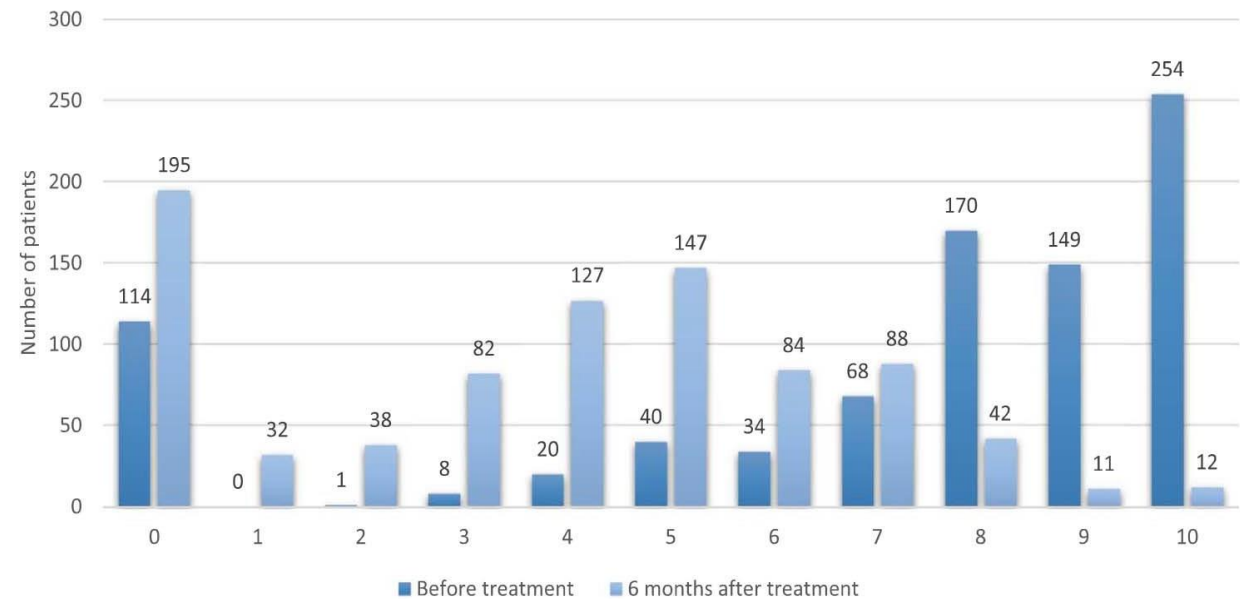
Epidemiological Characteristics, Safety and Efficacy of Medical Cannabis in the Elderly

Ran Abuhassira^{a,1}, Lihi Bar-Lev Schleider^{a,b,1}, Raphael Mechoulam^c, Victor Novack^{a,*}

Analgesic efficacy

Pain intensity scale, $p < 0.001$ (n=858)

- **Median Pain Intensity:**
 - Before Treatment - 8/10
 - After Treatment - 4/10
- **Severe pain Score (8-10)**
 - Before Treatment 66.8% Reported Severe Pain
 - After Treatment 7.6% Reported Severe pain



(Eur J Int Med 2018)

Epidemiological Characteristics, Safety and Efficacy of Medical Cannabis in the Elderly

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Quality of Life (Before and After) Cannabis initiation

Before Treatment:

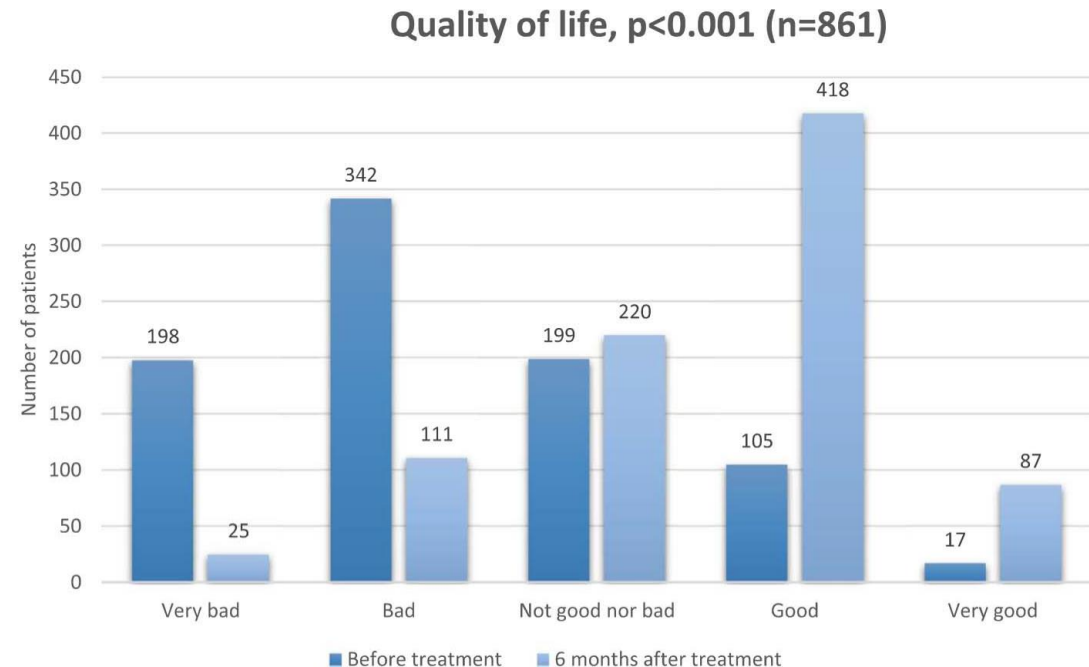
Good or Very Good – 14.2%

Bad or Very Bad – 62.7%

After Treatment

Good or very good: 58.6%

Bad or Very Bad: 15.6%



93% of Respondents reported improved quality of life

(Eur J Int Med 2018)

Growing the Market - Evidence



RESEARCH

- Partnership with OLTCa to Launch large Pilot Study
- >500 Residents across multiple disease states.



ONTARIO
LONG TERM CARE
ASSOCIATION



BUILD CARE PATHWAYS



- Build Clinical Support Tools for Medical Directors & HCP's
- Track ongoing outcomes and drug utilization.
- Best Practices which could be shared nationally.



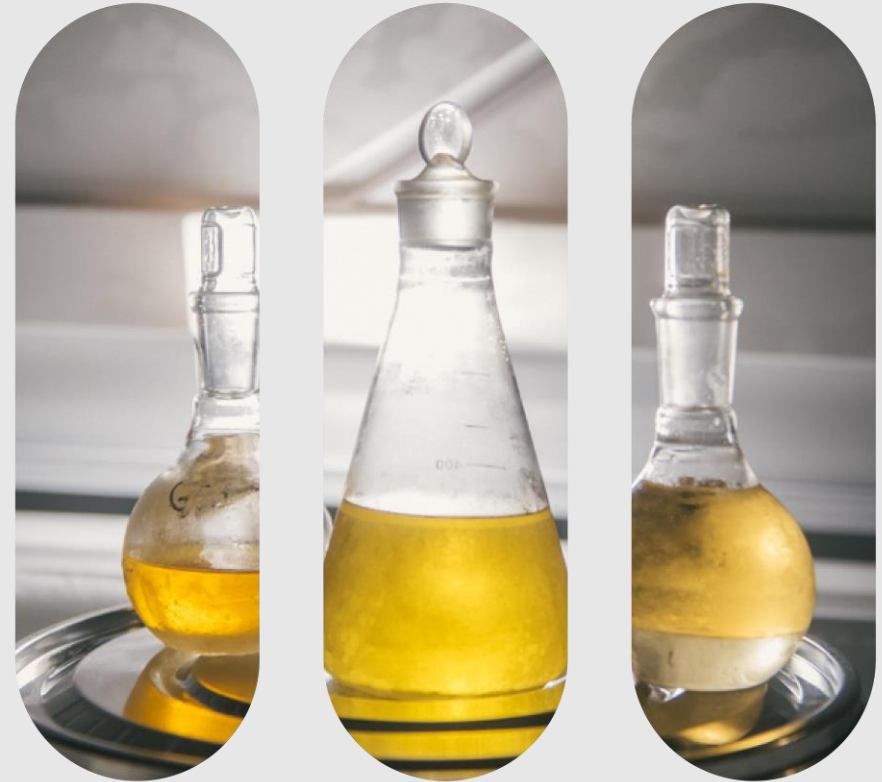
SUPPORT THE SECTOR



- Present Data at Global Aging Conference.
- Evaluate quality of life, clinical outcomes, drug utilization, caregiver stress and the economic impact of cannabis adoption for residents.



Medical Cannabis Education & Access in British Columbia



The Role of the Sector – Access

Elderly woman on medical cannabis initially denied from Toronto long-term care home



By Jessica Vomiero

National Online Journalist Global News

B.C. hospitals lack policies, struggle to accommodate medical cannabis patients

By MICHAEL MUI StarMetro Vancouver

Senior Living Providers Can No Longer Blow Off Pot Policies

“Staff are not permitted to administer or assist in the administration of medical cannabis – the patient is entirely responsible for dosing and consuming the product themselves.”

— Health PEI

Seniors home won't administer medical marijuana

Niagara Falls man unable to deliver his own cannabis oil

HEALTH

Is Cannabis Allowed in Nursing Homes?

Expect more seniors to consider cannabis as legalization rolls around

The Role of Pharmacists



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

“As medication experts, pharmacists are best equipped to provide clinical advice to patients and appropriate oversight in the safe management and dispensing of medical cannabis.”

Pharmacists have the necessary expertise to mitigate the potential risks associated with medical cannabis, including harmful drug interactions, contraindications, and potential addictive behaviour.

Pharmacists have an existing infrastructure that is already in place to handle controlled substances and have a secure supply chain to limit diversion.”



British Columbia
Pharmacy Association

“Regardless of the new business model for recreational cannabis, we believe it is imperative to protect patients by making legal, quality controlled medicinal cannabis available with the oversight of a pharmacist.”

The Role of the Licensed Producers – Education



BY THE END OF THIS COURSE, PARTICIPANTS WILL BE ABLE TO:

Define cannabis, cannabinoids, and the importance of the endocannabinoid system

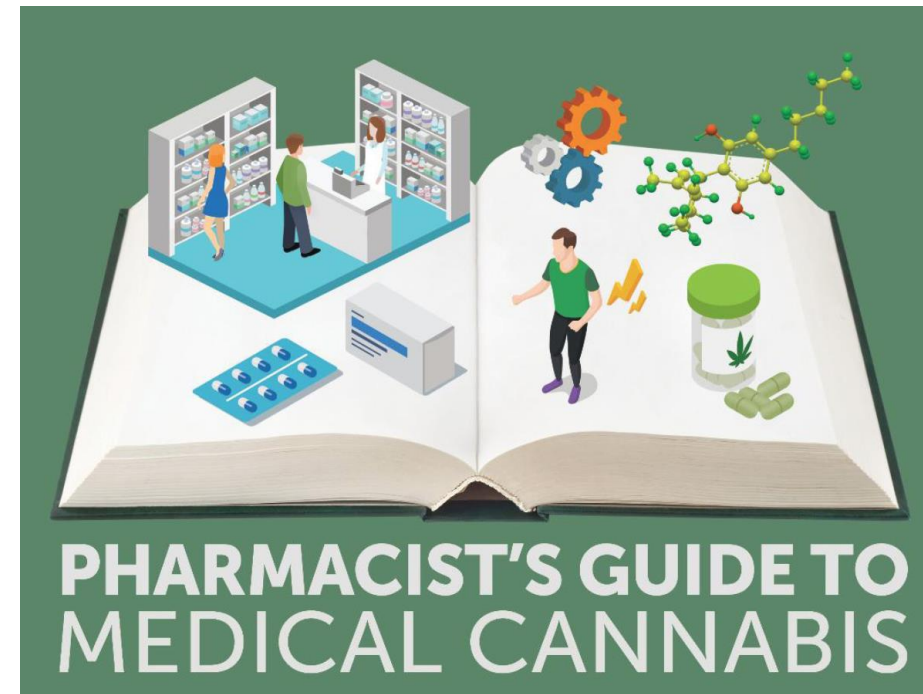
Describe the different dosage forms of cannabis products and methods of administration

State the quality assurance processes used in the production of regulated cannabis

Summarize the side effects and relative contraindications when authorizing cannabis

Explain recent clinical research to determine if medical cannabis is an appropriate treatment for your patients

Identify aspects of the use of medical cannabis that are specific for continuing care patients



**CANADIAN COUNCIL ON CONTINUING
EDUCATION IN PHARMACY**

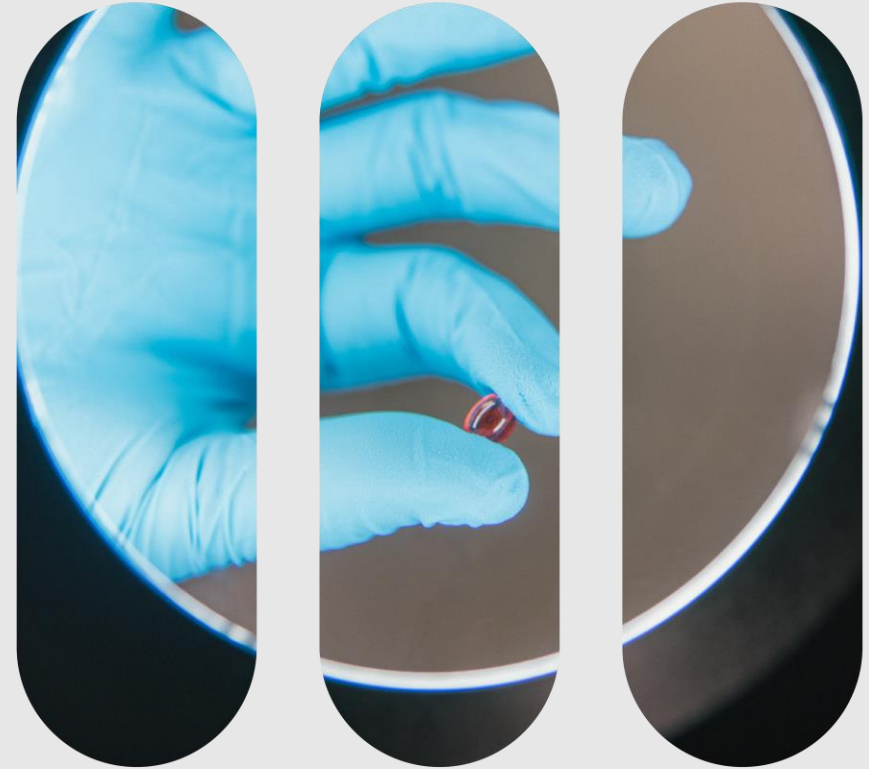
LE CONSEIL CANADIEN DE L'ÉDUCATION CONTINUE EN PHARMACIE



**CANADIAN
PHARMACISTS
ASSOCIATION**

**ASSOCIATION DES
PHARMACIENS
DU CANADA**

Recreational Cannabis



Older Persons and Recreational Cannabis

- **Medical Versus Recreational**
 - Type, Dose, End-Point
- **Consuming Recreational Cannabis**
 - Exercise extreme caution in Cannabis Naïve residents.
 - Consider High CBD/Low THC Products to start
 - Start Low, Go Slow and Stay Low
- **Exercise Extreme Caution**
 - High Opioid Risk Tool
 - History of Mental Illness
 - Cognitive Decline
 - Additive effects from polypharmacy
- **Follow existing Alcohol, Self-Administration and Smoking policies**
 - Will likely require a Physician Order similar to Alcohol
 - College of Nurses (BC) professional standards only allow assistance but not administration.

