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Name: HPEI Cannabis Use in Health PEI Facilities and Services Policy

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Policy and Procedures Manual

CANNABIS USE IN HEALTH PEI FACILITIES AND SERVICES

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| Health PEI | | POLICY & PROCEDURES |
| Applies To: | Healthcare providers, employees, volunteers, students, and clients on Health PEI property | |
| Monitoring: | Provincial Drugs and Therapeutics Committee, Executive Director of Medical Affairs and Legal Services, and Chief Nursing, Allied Health and Patient Experience | |
| Approving Authority: | Executive Leadership Team | |
| Date: | Effective: July 2, 2019 Next Review: January 1, 2020 | |
| <p>This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.</p> | | |

1.0 POLICY

- 1.1 Medical cannabis is permitted for adults on Health PEI property with an order from the Most Responsible Practitioner (MRP) and the following criteria are met:
- (a) Client provides proof of cannabis use for medical purposes under Health Canada's *Cannabis Act* and its regulations (formally known as *Access to Cannabis for Medical Purposes Regulations (ACMPR)*). Proof is provided before handling, storing, and administering medical cannabis. Proof of authorization includes the medical document authorizing the use of cannabis for medical purposes, a registration certificate/document issued by a Health Canada approved licensed producer, or a Health Canada authorization document (e.g., registration certificate). See appendix A: Proof of Authorization of Cannabis for Medical Purposes for information and requirements.
 - (b) Client provides the facility with their own medical cannabis purchased from a [Health Canada approved licensed producer](#). Health PEI does not supply cannabis for medical purposes.
 - (c) Medical cannabis is in an identifiable and administrable form (i.e., oil, capsule) and requires the client's current medication order. Ordering information can be obtained from the product label, reported by the client or partner in care, or the medical document from the original prescriber or licensed producer.
- 1.2 Recreational cannabis use is not permitted on Health PEI property.
- Exception:** Recreational cannabis use is permitted in long-term care (LTC) facilities for residents **ONLY** and in accordance with provincial regulations.
- 1.3 Health PEI is a smoke-free organization, and must comply with the *Smoke Free Places Act*, R.S.P.E.I. 1988, Cap. S-4.2, and its regulations. Smoking or vaping cannabis

(medical or recreational) is prohibited on Health PEI property, including on Health PEI grounds, with only one very specific exemption for Long-term care clients.

- (a) **ONLY** Long-term care clients can smoke or vape cannabis on Health PEI property, such smoking or vaping to be done only in the LTC facility's designated smoking area, if the LTC facility has a designated smoking area, in compliance with the *Smoke Free Places Act*, R.S.P.E.I. 1988, Cap. S-4.2 and its regulations.
- (b) Visitors to a LTC facility are **not** permitted to smoke or vape cannabis in a LTC facility's designated smoking area.
- (c) Smoking or vaping cannabis is **not** permitted in the designated smoking area at Hillsborough Hospital.

1.4 Cannabis cultivation (plants) is not permitted on Health PEI property.

2.0 DEFINITIONS

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| Access to Cannabis for Medical Purposes Regulations (ACMPR): | The former Canadian government regulations that allow approved and licensed patients to access and possess cannabis for medical purposes. Repealed October 17, 2018 and replaced with the <i>Cannabis Act</i> and the <i>Cannabis Regulations</i> . |
| Adults: | Defined by attaining the age of eighteen (18) years in Prince Edward Island (PEI). |
| Cannabis: | Commonly referred to as Marijuana or Marihuana; Refers to fresh or dried marijuana or the oil extracted from the marijuana plant. Derived from the cannabis plant that contains more than 500 chemically active components. The main active components and most commonly used are cannabidiol (CBD) and tetrahydrocannabinol (THC). |
| Cannabis Act: | The Canadian government law and its regulations governing both recreational and medical cannabis use in Canada. The <i>Cannabis Act</i> and <i>Cannabis Regulations</i> came into force October 17, 2018 and replaced the former <i>Access to Cannabis for Medical Purposes Regulations (ACMPR)</i> . |
| Cannabinoids: | Compounds derived from or based on chemicals found in the Cannabis plant. Pharmaceutical Cannabinoids are synthetic versions of naturally occurring cannabinoids and refers to the prescription drug nabilone (Cesamet) and nabiximols (Sativex) in Canada. |
| Client: | Refers to patients/clients/residents. Any person receiving services from Health PEI. Where appropriate, can include legal guardians, authorized substitute decision makers, or legal proxy for the client. |

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| Healthcare Provider (HCP): | A person involved in providing care and/or services within Health PEI facilities and programs. This includes, but is not limited to, Physicians, Nurse Practitioners (NP), Registered Nurses (RN), Licensed Practical Nurses (LPN), Allied Health Professionals, Pharmacists, and Pharmacy Technicians. This also includes employees, students, volunteers and contract workers, where applicable. |
| Health PEI Property: | Health PEI owned and/or operated facilities and premises, including inside and outside buildings, hospitals, parking areas, and associated sites. |
| Licensed Producer: | A company that has been authorized and licensed by Health Canada to sell cannabis for medical purposes to persons registered under the Cannabis Act and its regulations (formally known as <i>Access to Cannabis for Medical Purposes Regulations</i>). |
| Long-term Care Facility: | A nursing home operated by the Government or an agent of the Government (e.g., Health PEI), or a nursing home or community care facility for which a license issued pursuant to the <i>Community Care Facilities and Nursing Homes Act</i> , R.S.P.E.I. 1988, Cap. C-13 is in effect. This policy applies to Government or Government agent owned/operated facilities only. |
| Medical Cannabis: | Cannabis that has been prescribed by a physician to an individual suffering from a diagnosed condition or illness as a physician-approved therapy that is expected to have some medical benefit, and has been obtained from a Health Canada approved medical cannabis supplier . |
| Most Responsible Practitioner (MRP): | The physician or nurse practitioner who is responsible for directing and coordinating the care and management of an individual client at a specific point in time. For physician led practice, may also be referred to as the Attending Physician. |
| Nurse Practitioner (NP): | A registered nurse who has additional education and nursing experience, which enables them to autonomously diagnose and treat illnesses, order and interpret tests, prescribe medications, and perform medical procedures. |
| Nursing Staff: | Nurse Practitioner (NP), Graduate Nurse Practitioner (GNP), Registered Nurse (RN), Graduate Nurse (GN), Licensed Practical Nurse (LPN), Graduate Practical Nurse (GPN). |
| Partner in Care: | Is anyone identified by the patient or substitute decision maker (SDM) as an important support who the patient wishes to be included in any encounters with the healthcare system, including but not limited to, immediate and extended family members, friends, caregivers, etc. |
| Proof of Authorization: | A medical document authorizing the use of cannabis for medical purposes, a registration certificate/document issued by a Health Canada approved licensed producer , or a Health Canada authorization document (e.g., registration certificate) |

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| Provincial Safety Management System (PSMS): | Provincial Safety Management System is an electronic means of capturing, tracking, trending and reporting safety events. |
| Recreational Cannabis: | Cannabis used for recreational or other purposes, which has not been prescribed by an authorized prescriber and has been obtained from a source other than a Health Canada-approved medical cannabis supplier. |
| Second-hand Smoke: | A mixture of the gases, particles or vapours released into the air by: <ul style="list-style-type: none"> a) a cannabis cigarette, an ignited tobacco product, or an operating electronic smoking device, waterpipe or other device or instrument used or intended to be used to deliver vapour or smoke by inhalation. b) exhaled by a person who has inhaled gases, particles or vapours from a product, device or instrument referred to in (a). |
| Services Provided in the Home: | Includes services provided in the home by Health PEI including, but not limited to, Home Care, Community Care, Palliative Care, and Public Health. |
| Smoking: | To smoke, utilize, hold, or otherwise have control over an ignited cannabis product, or operating an electronic smoking device, or other device or instrument used or intended to be used to deliver vapour or smoke from a cannabis product by inhalation from the device or instrument in a manner that resembles smoking tobacco or another product or substance that is intended to be smoked. This includes a waterpipe or other instrument used or intended to be used to smoke cannabis or other products in which smoke generated during its operation passes through a liquid before it may be inhaled from the instrument, and any product, instrument or device that releases second-hand smoke as that term is defined within the <i>Smoke Free Places Act</i> General Regulations. |
| Substitute Decision Maker: | A person who is authorized to make a decision on behalf of a person who is incapable with respect to treatment. |

3.0 PURPOSE/SCOPE

- 3.1 Cannabis is used for medical and recreational purposes. Cannabis for adult recreational use became legal in Canada as of October 17th, 2018. In collaboration with the Government of PEI, Health PEI has developed resources for staff and the public to support the new legalization and form a responsible and consistent approach to cannabis use.
- 3.2 Cannabis is **not** an approved therapeutic medication in Canada. While expert opinions differ over the benefits of medical cannabis, there is a general consensus on the need for more research to better understand and validate cannabis-based medicines.
- 3.3 Research shows several potential adverse health effects related to cannabis use. These health harms are especially concerning for high risk groups including youth, pregnant women, frequent cannabis users or those with substance abuse disorders, and those who have a personal or family history of psychosis. Therefore, the Mental Health and

Addictions program does not support the use of cannabis to treat mental health or substance use problems.

- 3.4 Health PEI is committed to providing safe, quality and person and family-centered care that is consistent with Health PEI's organizational values of caring and integrity. In advocating for person and family-centered care and respecting personal autonomy, the organization recognizes that adults may choose to use cannabis for medical or recreational purposes. To promote public health, the organization will provide education and awareness on the health effects of cannabis to help people make informed choices and minimize risk.
- 3.5 Health PEI aims to protect the public and employees from the harmful effects of second-hand smoke. Smoking or vaping cannabis is restricted on Health PEI property in compliance with *Smoke-free Places Act* regulations.
- 3.6 This policy outlines the management of cannabis use in Health PEI facilities to provide access to cannabis for authorized clients, identify the roles and responsibilities for clients and healthcare providers, and guide the safe use of cannabis to reduce health harms.

4.0 APPLICATION

- 4.1 This policy applies to health care providers (HCPs), volunteers, students, and clients on Health PEI property, including HCPs who provide Health PEI services in the home.
- 4.2 The policy is applicable on all Health PEI property and premises, including inside and outside buildings, hospitals, parking areas, and associated sites.
- 4.3 Policy compliance is required to promote the safe use of cannabis in Health PEI facilities. Inappropriate behaviour that places clients, staff, or families at risk or violates facility or program policies can result in discontinuing a client's authorization for cannabis use in a Health PEI facility.
- 4.4 For information related to employee use of cannabis in the workplace see *Health PEI's Human Resource Drug, Alcohol, and Medication Policy*.

5.0 PROCEDURES

5.1 Medical Cannabis (Facility Use): Roles and Responsibilities

(a) Client

- Disclose use of cannabis on admission to a Health PEI facility.
- Inform HCP if you wish to continue using prescribed cannabis for medical purposes on admission to a Health PEI facility.
- Provide proof of authorization for use of cannabis for medical purposes from Health Canada.
- Review and adhere to the *Cannabis Use in Health PEI Facilities Policy* and [Cannabis for Medical Purposes: Client Information and Acknowledgment](#) form (see appendix B).
- Provide the facility with medical cannabis for use.
 - Client brings in their own medical cannabis when admitted to a Health PEI facility that is purchased from a [Health Canada licensed medical producer](#). The client's cannabis is then secured by the nursing staff in the narcotic cupboard (see 5.2 (a)).
 - Any additional cannabis products required while the client is an inpatient is delivered directly to the client, and then securely stored by the nursing staff.

- For **recreational cannabis use in Long-Term Care facilities**, see procedure section 5.4.

(b) **Most Responsible Practitioner**

- Provide client and family education on cannabis including medical cannabis alternatives (e.g., pharmaceutical cannabinoids) or other non-cannabis treatment options.
- Assess if medical cannabis is appropriate and safe for the client.
 - Screen for active substance use disorders (see appendix F for screening tools).
 - If the MRP determines cannabis use is not appropriate or safe, the MRP explains the rationale to the client and discusses alternative treatments and/or consultations.

Note: The client’s current medical condition and/or treatments may prevent continuing medical cannabis or require it to be discontinued.

- In collaboration with nursing, determine if client has the capacity to self-administer cannabis.
 - If deemed capable, indicate “self-administration” on the medication order.
 - If a person is deemed not capable of self-administration, follow the procedure in 5.2 (b) titled “Nurse Administration” and document accordingly.
- Write an order to authorize medical cannabis use. The amount of cannabis prescribed does not exceed the amount authorized by Health Canada. For clarity, this does not apply to recreational cannabis.

P Order Sentences

Order sentences for: marijuana

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|---|
| 1 mL, Oral, Oil, Daily |
| 1 mL, Oral, Oil, BID |
| 1 drop(s), Oral, Oil, Daily |
| 1 drop(s), Oral, Oil, BID |
| 1 cap(s), Oral, Daily |
| 1 cap(s), Oral, BID |
| 1 puff(s), Inhalation, Misc, Unscheduled, PRN for Symptom Control |

- For clients requesting medical cannabis:
 - See Health Canada’s *Medical Document Authorizing the use of Cannabis for Medical Purposes under the Access to Cannabis for Medical Purposes Regulations* https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/marihuana/info/med-eng.pdf
 - Complete the College of Physicians and Surgeons of PEI [Physician Reporting & Consent Form for the Purposes of Prescribing Medical Marijuana](#) for new medical cannabis clients (**Physicians Only**)

(c) **Nursing Staff**

- Request medical cannabis proof of authorization for use and place a copy on the health record on admission.

- Document **prescribed medical** cannabis use in the Best Possible Medication History (BPMH). Include proof of authorization obtained in the additional information section. This can be completed in collaboration with pharmacy, where applicable.

Note: Document non-prescription cannabis use in the alcohol/recreational drug section of the client’s health history form.

- Provide client and family with the [Cannabis for Medical Purposes: Client Information and Acknowledgment](#) form to inform them of their role and responsibilities if requesting to use medical cannabis on admission (see appendix B). Review information with client and partner(s) in care. Document education provided on the client’s health record.
- Securely store medical cannabis provided by the clients in the narcotic cupboard.
- In collaboration with the MRP, assess the client’s capacity to self-administer (e.g., understanding, functional ability, judgment) and discuss administration with the client and partner in care to determine a plan for self-administration. Document discussion and capacity to self-administer in the client’s health record.

See procedure section 5.2 for **secure storage of medical cannabis, administration, and handling.**

(d) Pharmacy

- For Pharmacy Technicians that complete the BPMH, request medical cannabis proof of authorization for use and document proof in the additional information section of the BPMH. This can be completed in collaboration with nursing.
- The Pharmacist confirms that proof of authorization for cannabis for medical purposes has been obtained and documented in the client’s BPMH.
- The Pharmacist reviews and verifies the prescriber’s order for medical cannabis and indicates “patient’s own supply”.

5.2 Medical Cannabis (Facility Use): Storage, Administration, and Handling

(a) Storage Process

- Client supplies Health PEI facility with cannabis for medical purposes from a [Health Canada approved licensed producer](#) when ordered by the MRP.
- The client witnesses **two** nurses accept the medical cannabis brought into the facility. The nurses document the quantity received on the narcotic administration record (count sheet). Cannabis is then secured in the unit’s narcotic cupboard by the **two** nurses. The primary nurse documents the securing of cannabis in the client’s health record.
- Include client’s name with drug name at the top of the narcotic administration record (count sheet) (e.g., “Cannabis Oil – John Doe”).
- Ensure the cannabis is labeled and has client identification attached.

Clients are not permitted to store their own medical cannabis at the bedside in Health PEI facilities.

(b) Administration

The management and administration of medical cannabis is treated the same as a prescribed narcotic.

Medical cannabis doses are accounted for on the narcotic administration record (count sheet).

Self-Administration

- Client self-administers medical cannabis unless they require assistance or lack the capacity to self-administer.
- Nurse removes the medical cannabis dose from the narcotic cupboard, assists with dose preparation (as required), and observes the client self-administer at the bedside.
- Nurse documents medical cannabis dose in the Medication Administration Record (MAR) and indicates “**Self-administration.**”

Nurse Administration

- Nurses are permitted to assist with administration or administer medical cannabis for clients who cannot safely self-administer the drug due to lack of capacity or requiring assistance in **Health PEI facilities only** (refer to 5.3 (a) for nurse administration in home care settings).
- The nurse administers medical cannabis as per the MAR and documents accordingly.
- For additional education and information on cannabis and its administration, see the following resources:
 - [CRNPEI/CLPNPEI Practice Directive: Caring for Clients Authorized to Use Medical Cannabis](#)
 - [Health Canada’s Consumer Information - Cannabis](#)
 - [Staff Resource Centre: Cannabis Legalization](#)
 - Health PEI’s [Cannabis General Information – Frequently Asked Questions \(FAQ\)](#)

Smoking or vaping medical cannabis is not permitted on Health PEI property. Health PEI does not accept liability for clients who choose to leave the facility to smoke or vape cannabis.

(c) Discharge and Disposal**Returning Medical Cannabis to the Client**

- Two nurses remove the client’s medical cannabis from the narcotic cupboard and document on the narcotic administration record (count sheet). Document “patient discharged” or “patient transferred” on the entry line and zero out the quantity.
- The two nurses return the medical cannabis supply to the client on discharge, or if the client is being transferred to another facility or unit. The return is documented in the client’s health record.

Disposing of Medical Cannabis

- For deceased clients, the nurse notifies the pharmacy department that the medical cannabis is no longer required.

- The removal of medical cannabis from the narcotic cupboard is recorded and signed on the narcotic administration sheet (count sheet) by the pharmacy representative and a nurse (RN or LPN).
- If a pharmacy representative is not available to remove the cannabis from the narcotic cupboard (e.g, LTC), two nurses can remove the cannabis and send it to the pharmacy department following notification to Provincial Pharmacy. Record and sign the narcotic administration record (count sheet). This is treated the same as returning a narcotic medication.
- The Pharmacy Department disposes of prescribed cannabis for medical purposes left in the facility after a client's death.

Driving

- For information on driving and cannabis, refer to the [Government of Canada's Drug-impaired driving guidelines](#).

5.3 Client Populations and Service Areas

(a) Services Provided in the Client's Home

- Nurses working in **home care** are not authorized to **directly** administer medical cannabis to clients.
 - See the [CRNPEI/CLPNPEI Practice Directive: Caring for Clients Authorized to Use Medical Cannabis](#) for more information on cannabis administration in home settings.
- To promote a smoke-free work environment for HCPs who provide services in the home, clients are asked that no person(s) smokes or vapes cannabis in the home:
 - **One (1) hour** before a home visit by a healthcare provider
 - **During** a home visit with a healthcare provider (inside or outside the home)
- Alternative options can be explored if a client indicates that they are unwilling or unable to comply with cannabis smoking guidelines. See Home Care's *Smoke Free Workplace* policy for further guidance on alternative arrangements and discuss the issue with management/supervisor as soon as possible.

5.4 RECREATIONAL Cannabis: Long-Term Care (LTC) Residents ONLY

(a) Storage and Administration

- LTC residents **self-administer recreational cannabis** in accordance with [federal and provincial regulations](#). Partner(s) in care can assist the resident with self-administration.
- Residents review and sign the [Recreational Cannabis: Client Information and Acknowledgment](#) form (see appendix C), indicating that they agree to bring **lawful** cannabis into a Health PEI facility that is purchased from provincial retail sources.
- Cannabis is securely stored in a locked container in the resident's room. Cannabis is secured at all times and is placed out of plain sight from visitors and children. The resident is responsible for the key to the storage container.
- The storage container is **ONLY** used to store cannabis.

- Residents are not permitted to share cannabis products with other residents, staff, or visitors to the facility.
- Healthcare workers do not provide guidance or information to residents on how to prepare any forms of cannabis.
- LTC residents who choose to smoke or vape recreational cannabis are first assessed to determine if they can safely smoke independently. See *Long-Term Care Homes, Smoking and Tobacco Use Policy*.
- If a resident accidentally puts themselves or others at risk while using cannabis, HCPs collaborate with the resident to develop a plan for the use of cannabis to increase safety. If the resident is unable to participate in the plan, a family member or the Substitute Decision Maker is asked to assist.

Health PEI does not accept liability for lost or stolen cannabis. It is the responsibility of the resident to contact the local police department.

6.0 MONITORING

- 6.1 The Provincial Drugs and Therapeutics Committee, the Executive Director of Medical Affairs and Legal Services, and the Chief of Nursing, Allied Health and Patient Experience are responsible for ensuring this policy is reviewed **six (6)** months after implementation to assess if amendments are required and ensure content complies with developing legislative and regulatory requirements.
- 6.2 Cannabis related incidents and/or public complaints will be tracked through Health PEI's Provincial Safety Management System (PSMS) to assist with monitoring policy compliance and effectiveness.

7.0 REFERENCES

Related Documents

Health PEI Chart Documentation Standard
 Health PEI Clinical and Organizational Ethics Framework
 Health PEI Drug, Alcohol, and Medication Policy
 Health PEI Employee Event Reporting Policy
 Health PEI Family Presence Policy
 Health PEI Graduate Nurse/Graduate Practical Nurse Policy
 Health PEI Home Care Program Service Agreement
 Health PEI Home Care, Smoke Free Workplace Policy
 Health PEI Long-Term Care, Smoking and Tobacco Use Policy (*draft*)
 Health PEI Patients Rights and Responsibilities Policy
 Health PEI Patient Safety Incident Reporting and Management Policy
 Health PEI Public Compliments and Complaints Policy
 Prince County Hospital, Nursing Policy and Procedure, Medication Therapy
 Queen Elizabeth Hospital Medication Administration Standards for the RN and the LPN

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Appendices

- Appendix A: Proof of Authorization of Cannabis for Medical Purposes
- Appendix B: [Cannabis for Medical Purposes: Client Information and Acknowledgement Form](#)
- Appendix C: [Recreational Cannabis: Client Information and Acknowledgement Form](#)
- Appendix D: Medical Cannabis Flowchart
- Appendix E: Cannabis Frequently Asked Questions (FAQ)
- Appendix F: Screening Tools for Substance Use Disorder

8.0 STAKEHOLDER REVIEW

| Group/Committee | Dates of Review |
|---|-----------------|
| <i>Chief Public Health Officer</i> | August 2018 |
| <i>Deputy Chief Public Health Officer</i> | August 2018 |
| <i>Patient and Family-Centred Care Steering Committee</i> | September 2018 |
| <i>Quality & Patient Safety</i> | September 2018 |
| <i>Health PEI Clinical and Organizational Ethics Committee</i> | October 2018 |
| <i>Provincial Medical Advisory Committee</i> | January 2019 |
| <i>Local Medical Advisory Committee(s)</i> | September 2018 |
| <i>Provincial Drugs & Therapeutics Committee</i> | October 2018 |
| <i>Directors of Nursing Group</i> | November 2018 |
| <i>Provincial Nursing Leadership Committee</i> | September 2018 |
| <i>Executive Leadership Team</i> | March 2019 |
| <i>Medical Society of PEI (MSPEI)</i> | March 2019 |
| <i>College of Registered Nurses of PEI (CRNPEI)</i> | March 2019 |
| <i>College of Licensed Practical Nurses of PEI</i> | March 2019 |
| <i>PEI Nurses Union</i> | February 2019 |
| <i>PEI Union of Public Sector Employees (UPSE)</i> | February 2019 |
| <i>Canadian Union of Public Employees (CUPE)</i> | February 2019 |
| <i>International Union of Operating Engineers Local NO. 942</i> | February 2019 |

9.0 REVIEW HISTORY

Review Dates:

Appendix A:

Proof of Authorization of Cannabis for Medical Purposes

Proof of authorization of cannabis for medical purposes must include at least ONE of the following:

- Registration certificate /document issued by Health Canada (for possession only or for personal/designated production)
- Registration document issued by a Health Canada (federally) approved licensed producer
- Copy of the medical document authorizing the use of cannabis for medical purposes signed by an authorized healthcare practitioner.

Questions to ask the client:

Has medical cannabis been *prescribed* to you? If yes, by which physician or nurse practitioner?

In order for a patient to access “medical cannabis” it must be prescribed by a physician or nurse practitioner. The prescriber fills out a “medical document” and sends that to a Health Canada Licensed Producer. The patient must be registered with the licensed producer before receiving cannabis for medical purposes from them. Prescriptions for cannabis for medical purposes cannot be filled at a provincial retail store (PEI Cannabis). *The prescribing physician or NP may be able to supply a copy of the medical document which can be used as proof of authorization. Patient’s can also request a copy of this document from the licensed producer.*

Do you have a registration certificate or wallet card?

When patient’s register with a licensed producer, they are often given a registration certificate or wallet card to show that they have been authorized to use medical cannabis. *These documents may be used to confirm proof of authorization.*

Do you grow your own medical cannabis at home? If yes, do you have a copy of your registration certificate for production?

When patients are prescribed cannabis for medical purposes, they have the option to grow their own supply at home. In order to do this, they must apply for a Health Canada issued permit to do so. *This permit can be used as proof of authorization. Keep in mind that patient’s who grow their own cannabis would likely be smoking/vaping the plant product. Client use of cannabis for medical purposes must be in an identifiable and administrable form in Health PEI facilities. Smoking or vaping cannabis (medical or recreational) is prohibited on Health PEI property, see section 1.0 of policy for more information.*

Guideline: Patients may present with different documents from licensed producers (e.g., client-issued product label, shipping document, receipts). To determine if it is proof of authorization to use cannabis for medical purposes from Health Canada, look for the following things on the documentation: **Patient’s full name, prescriber’s name, name of licensed producer, daily quantity in grams, the period of use/expiry date of patient registration.** Cannabis purchased from provincial retail sources would not have this information.

Patients who wish to continue using their cannabis for medical purposes in a Health PEI facility must supply their own product. This product must come from a Health Canada Licensed Cannabis Producer. A list of licensed producer’s in Canada can be found at:
<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/licensed-producers/authorized-licensed-producers-medical-purposes.html>

Appendix B: Medical Cannabis: Client Information and Acknowledgement

Health PEI
One Island Health System

Patient Label

Appendix B - Cannabis for Medical Purposes:

Client Information and Acknowledgement Form

Health PEI is committed to providing a safe and healthy environment for all clients, employees and visitors. To help us promote safety, please read the information below and sign your name. This shows you understand and agree to the rules and responsibilities for medical cannabis use in Health PEI facilities.

Medical Cannabis Use

- I will tell my health care provider that I use cannabis for medical reasons when admitted to a Health PEI facility.
- I will provide my health care provider with document(s) that show I am authorized to use cannabis for medical reasons. This can be a:
 - Medical document that is signed by an authorized doctor or nurse practitioner.
 - A registration/certificate document from Health Canada.
 - A registration document from a federally approved licensed producer of cannabis for medical purposes.

Your health care provider will take a photocopy of the document(s) to attach to your health record.

- I understand that my doctor or nurse practitioner must approve the use of cannabis for medical reasons while I am in a Health PEI facility. The doctor or nurse practitioner can also write a medical order to stop the use of cannabis for medical reasons if he or she deems that the health risks or side effects outweigh the benefits.
- I agree to provide the Health PEI facility with cannabis bought from a [Health Canada licensed medical cannabis producer](#).
 - The cannabis must be labeled and in a form that can be administered by health care providers (i.e., oil or capsule); **smoking or vaping cannabis for medical reasons is not permitted in Health PEI facilities.**
- I understand that Health PEI does not assume liability if I leave the facility to obtain or smoke cannabis.

Storing Cannabis

- I agree to provide the nursing staff with my own cannabis to be securely stored while I stay in a Health PEI facility.

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- I understand that two nurses will lock up my cannabis and record the amount received. Doses of cannabis (capsules or drops of oil) will be recorded in my health record.
- Any unused cannabis will be returned to me when I am discharged or transferred to another location. I understand that I can obtain a copy of my health record on request.

Risks of Cannabis Use

- I understand that medical cannabis is not a Health Canada (the regulatory body that oversees the use of drugs in Canada) approved medication. There is a general agreement that more research is needed to better understand and validate cannabis-based medicines. Therefore:
 - I acknowledge that my health care team may not be aware of the risks, side effects, or drug interactions associated with the use of cannabis for medical reasons;
 - I understand that there are risks associated with my use of cannabis for medical purposes, including but not necessarily limited to risks of side effects and potential adverse drug reactions associated with the use of cannabis for medical purposes, that my health care team may not be aware of; and
 - I acknowledge and accept such risks and wish to continue taking cannabis for medical reasons while I am in this facility.

I understand that if I do not follow the policies and rules around cannabis use, Health PEI has the right and responsibility to disallow my use of cannabis for any purpose while I am a client/resident of a Health PEI facility.

I acknowledge that I understand the terms herein contained and that I am signing this document freely and voluntarily.

Patient Signature

Date

Patient Name

Appendix C – Recreational Cannabis (LONG-TERM CARE ONLY)

Resident Information and Acknowledgement

Health PEI
One Island Health System

Patient Label

Appendix C - Recreational Cannabis (LONG-TERM CARE ONLY)

Resident Information and Acknowledgement Form

Health PEI is committed to providing a safe and healthy environment for all residents, employees and visitors. To help us promote safety, please read the information below and sign your name. This shows you understand and agree to the rules and responsibilities for recreational cannabis use in Health PEI's Long-Term Care (LTC) Homes.

Cannabis Use

- I agree to tell my health care provider that I use cannabis when moving or transferring to a LTC Home.
- I agree to bring only **lawful** cannabis bought from provincial retail sources into the LTC Home.
- I understand that cannabis use for recreational reasons is allowed in LTC Homes for residents **ONLY** and I must follow provincial regulations.
- I understand that if I accidentally put myself or others at risk while using cannabis, health care providers will work with me to develop a plan to increase safety. If I am unable to take part in the plan, a family member or my Substitute Decision Maker will be asked to help.
- I understand that health care workers cannot give me information on how to prepare or take any forms of cannabis for recreational reasons.
- I understand that cannabis plants (cultivation) are not allowed on Health PEI property.

Smoking/Vaping Cannabis

- Health PEI promotes a smoke-free environment, and must comply with the *Smoke Free Places Act*, and its regulations.
- LTC Homes that are smoke-free without a designated smoking area will not be permitting smoking or vaping cannabis.
- I understand that if the LTC Home has a designated smoking area, **ONLY** LTC residents can smoke or vape recreational cannabis in the designated smoking area and;
 - If I choose to smoke or vape recreational cannabis, I am first assessed by LTC staff to see if I can safely smoke/vape independently.
- Visitors to a LTC facility are **not** allowed to smoke or vape cannabis in a LTC facility or on the grounds, including in any designated smoking areas.

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Storage and Administration

- I agree to **self-administer recreational cannabis** and follow [federal and provincial laws and regulations](#). If I require help with my cannabis, my partner(s) in care can assist me.
- I understand that my cannabis must be securely stored in a locked container in my resident room at all times. I am responsible to supply the container and hold the key.
- I understand that the storage container is **ONLY** used to store cannabis.
- I agree to store my cannabis container out of plain sight from visitors and children.
- I understand that I am not allowed to share cannabis products with other residents, staff, or visitors.
- I understand that I must take oral forms of cannabis (e.g., oil, capsules) in my resident room and **not** in any shared area of the facility.
- I am aware of potential for, and accept any risks for the harms of cannabis use for recreational purposes and any potential drug interactions with other medications.
- I understand that:
 - Health PEI does not accept liability for lost or stolen cannabis.
 - Health PEI does not assume liability if I leave the facility to obtain or smoke/vape cannabis.

I understand that if I do not follow the policies and rules around cannabis use, Health PEI has the right and responsibility to disallow my use of cannabis for any reason while I am a resident/client of a Health PEI LTC Home.

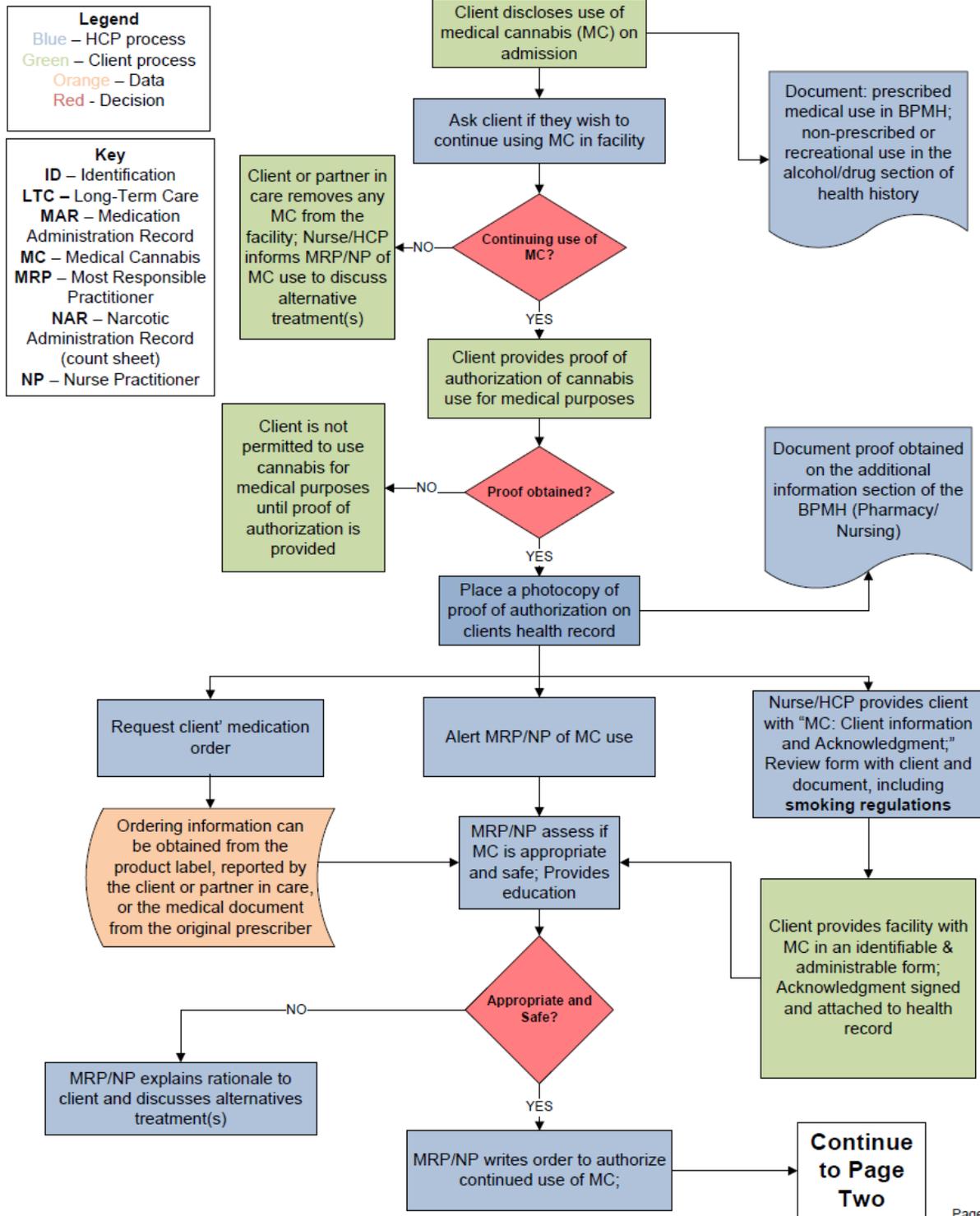
I acknowledge that I understand the terms herein contained and that I am signing this document freely and voluntarily.

Resident Signature

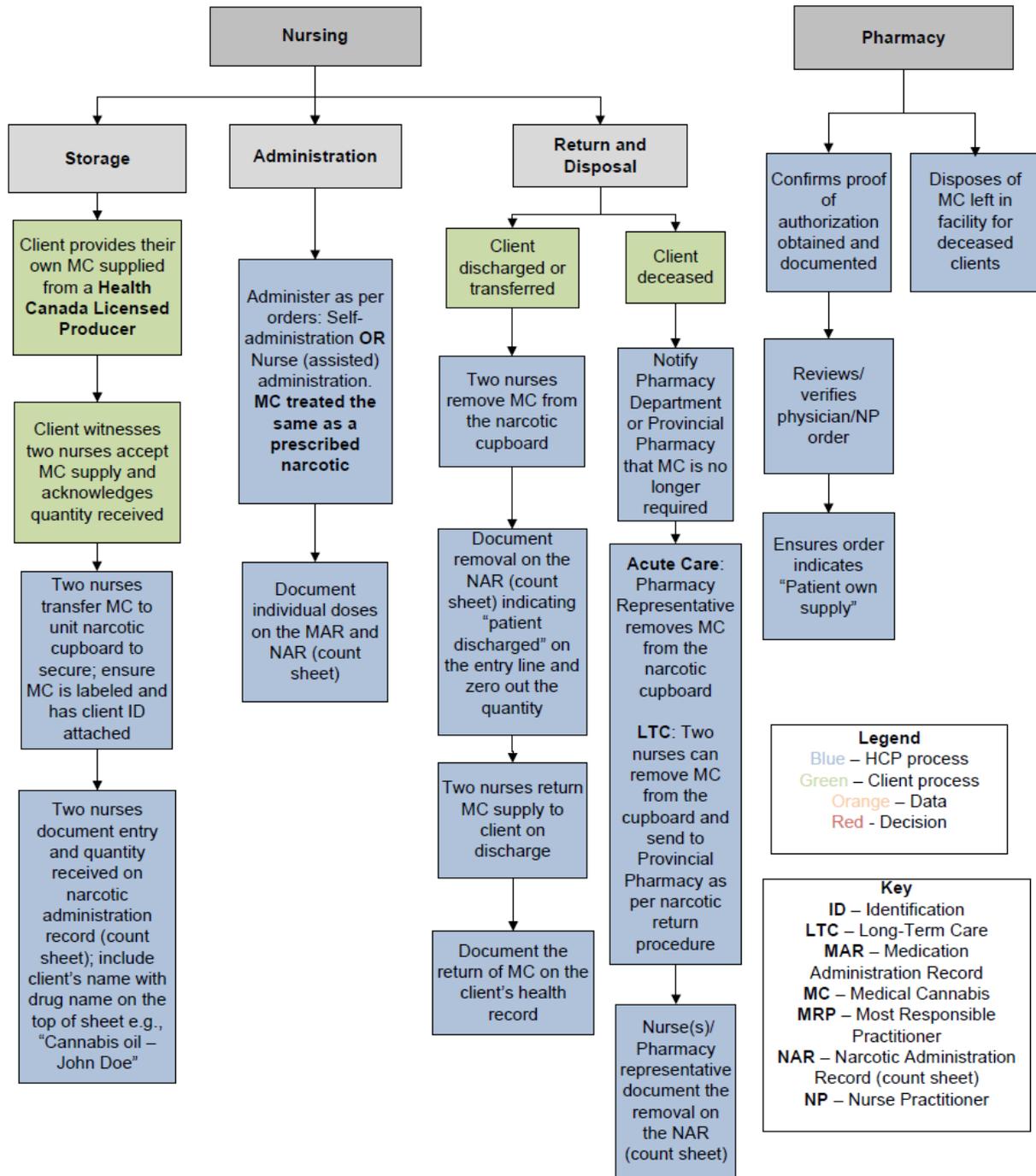
Date

Resident Name

Appendix D: Medical Cannabis Flowchart



Appendix D: Medical Cannabis Flowchart



Appendix E: Cannabis FAQ



COMMON TERMINOLOGY

Cannabis

Commonly referred to as Marijuana or Marihuana. Refers to fresh or dried marijuana or cannabis oil.

Cannabinoids

Compounds derived from or based on chemicals found in the cannabis plant.

MAIN ACTIVE INGREDIENTS

Tetrahydrocannabinol (THC)

Is by far the best studied and is responsible for many of the physical and psychotropic effects of cannabis. The average amount of THC in cannabis is approximately 10%, but can range from as low as 1% to as high as 30%.

Cannabidiol (CBD)

Lacks psychoactive activity but shares some of the same therapeutic activity as THC.

The cannabis dose, the ratio of THC to CBD and the route of administration all play a role in terms of efficacy and adverse effects. Adjusting the THC to CBD ratio will change the effect that cannabis has on a patient.

FORMS OF CANNABIS

Inhaled (smoking / vaporizing dried cannabis)

Onset within a few minutes (peak 10-20 min). Duration 2-4 hours for adults (up to 24 hours).

Oral (e.g. oils, foods, capsules)

Onset 30 min (peak 2-4 hours). Duration 4-6 hours for adults (up to 24 hours).

WHICH MEDICAL CONDITIONS MAY BENEFIT FROM CANNABIS USE?

Cannabis has no official indications for use and it is NOT typically recommended for most medical conditions due to the lack of evidence to support its use. Possible exceptions include multiple sclerosis, chronic neuropathic pain, and pediatric treatment-resistant seizure disorders.

WHAT SIDE EFFECTS ARE ASSOCIATED WITH CANNABIS USE?

Some of the more common side effects may include dizziness, drowsiness, impaired memory/concentration, disorientation, impaired motor skills/perception, dry mouth/coughing, nausea/vomiting, and fast heartbeat. A sense of euphoria is seen more often with recreational use as more concentrated products are typically used. Long term use may lead to increased risk of triggering psychiatric disorders, increased risk of respiratory infections, decreased sperm count, possible negative impact on cognitive development in children/adolescents, tolerance, addiction, and cannabis-induced hyperemesis syndrome. Cannabis withdrawal can also occur.

WHO SHOULD AVOID CANNABIS?

Avoid use in pregnant or breastfeeding women, people under the age of 25, and those with a history of psychiatric illness or substance use disorder. Use with caution in those with respiratory conditions (e.g. asthma and COPD), cardiac conditions, and liver disease.

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ARE THERE ANY DRUG INTERACTIONS?

The most significant drug interactions are with medications that also cause sedation (e.g. sedatives, anxiolytics, opioids, alcohol). There are also a few pharmacokinetic drug interactions with medications like fluoxetine, ketoconazole, diltiazem, and HIV protease inhibitors (see Canadian Pharmacists Association Monograph on Cannabis).

HOW IS CANNABIS DETECTED?

Hospital testing for cannabis typically consists of urine drug screen. At Health PEI, a urine drug screening method is used that detects the presence of delta-9 tetrahydrocannabinol (THC) metabolites. Results > 50 ng/mL are reported as positive. It is difficult to achieve sufficient concentrations from secondhand smoke from typical cannabis cigarettes to detect cannabis concentrations above most urine drug screen limits.

HOW LONG AFTER USING CANNABIS PRODUCTS CAN IT BE DETECTED IN URINE?

Testing is usually positive several hours after acute exposure, but it can also be positive well after symptoms have resolved, making urine drug screens less helpful in diagnosis of acute intoxication. Positive results for THC metabolites have been reported up to 10 days after weekly use and up to 25 days after daily use. Thus, cannabis testing does not provide any specific information on the timeline of exposure or correlate with severity of intoxication.

TIPS TO REDUCE HARM RELATED TO CANNABIS

- Low potency cannabis products with less THC content are less likely to cause harm.
- Vaporization is preferred over smoking because less noxious chemicals are released into the lungs.
- Oral dosage forms are also considered safer than smoking but keep in mind that the effect is delayed and longer lasting.
- Cannabis should not be used when driving or operating machinery.
- Advise patients under age 25 to avoid using THC-containing products, to reduce harm to the developing brain.

References

1. Health Canada Government of Canada. Information - Cannabis (Marijuana, marijuana). <http://www.hc-sc.gc.ca/dhp-mps/marijuana/info/cons-eng.php>. Published September 13, 2013.
2. Wang, GS (2018). Cannabis (marijuana): Acute Intoxication. In J.F. Willey (Ed.), *UpToDate*. Retrieved March 23, 2018, from http://www.uptodate.com/go2a-proxy.mian.ca/contents/cannabis-marijuana-acute-intoxication?search=cannabis&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H7892848
3. CPS [Internet]. Ottawa [ON]: Canadian Pharmacists Association; c2018 [updated 2018 April]; cited 2018 Aug 30]. Cannabis [product monograph]. Available from: <http://www.cps.ca> or <http://www.mrxtx.ca>. Also available in paper copy from the publisher.
4. Fischer B, Russell C, Sabloni P, van den Brink W, LeFoll B, et al. Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations. *AJPH* 2017; 107(8): e1-e12.

RESOURCES

Canadian Pharmacists Association Medical Cannabis CE and Medical Cannabis Q&A

<https://www.pharmacists.ca/education-practice-resources/professional-development/medical-cannabis-ce/>

The Canadian Consortium for the Investigation of Cannabinoids

<http://www.cciic.net>

Health Canada's Access to Cannabis for Medical Purposes Regulations

<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-230/FullText.html>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/information-medical-practitioners.html>

The College of Family Physicians of Canada, Authorizing Dried Cannabis (Medical Marijuana) for Chronic Pain or Anxiety: Preliminary Guidance

<https://www.cfpc.ca/uploadedFiles/Resources/PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf>

Canada's Lower Risk Cannabis Use Guidelines

https://www.cma.ca/Assets/assets-library/document/en/advocacy/cma_policy_canadas_lower_risk_cannabis_use_pd16-06-e.pdf

Prescribing Medical Cannabinoids in Primary Care

<http://www.cfp.ca/content/cfp/64/2/111.full.pdf>

Toward Optimized Practice - Medical Cannabinoid Clinical Practice Guideline 2018

<http://topalbertadoctors.org/cpgs/2757327>

University of Waterloo - Pharmacy 5in5 Resources

<https://uwaterloo.ca/pharmacy/pharmacy5in5-resources>



Appendix F: Screening Tools for Substance Use Disorder

The Cannabis Use Disorder Test (CUDIT-R)

Cannabis

The Cannabis Use Disorder Identification Test – Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months:

| | | | | | | |
|----|---|------------------|------------------------|--|-----------------------|------------------------------------|
| 1. | How often do you use cannabis? | Never 0 | Monthly or less 1 | 2-4 times a month 2 | 2-3 times a week 3 | 4 or more times a week 4 |
| 2. | How many hours were you “stoned” on a typical day when you had been using cannabis? | Less than 1 0 | 1 or 2 1 | 3 or 4 2 | 5 or 6 3 | 7 or more 4 |
| 3. | How often during the past 6 months did you find that you were not able to stop using cannabis once you had started? | Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4 |
| 4. | How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis? | Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4 |
| 5. | How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis? | Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4 |
| 6. | How often in the past 6 months have you had a problem with your memory or concentration after using cannabis? | Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4 |
| 7. | How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children: | Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4 |
| 8. | Have you ever thought about cutting down, or stopping, your use of cannabis? | Never 0 | | Yes, but not in the past 6 months 2 | | Yes, during the past 6 months 4 |

Scores of 8 or more indicate hazardous cannabis use.

Scores of 12 or more indicate a possible cannabis use disorder, for which further intervention may be required.

For further interpretation see:

Adamson S, Kay-Lambkin F, Baker A, et al. An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug Alcohol Depend 2010; (In Press).

www.bpac.org.nz keyword: addiction-tools

Appendix F: Screening Tools for Substance Use Disorder

Opioid Risk Tool (ORT)

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

| Mark each box that applies | Female | Male |
|--|--------|------|
| Family history of substance abuse | | |
| Alcohol | 1 | 3 |
| Illegal drugs | 2 | 3 |
| Rx drugs | 4 | 4 |
| Personal history of substance abuse | | |
| Alcohol | 3 | 3 |
| Illegal drugs | 4 | 4 |
| Rx drugs | 5 | 5 |
| Age between 16—45 years | 1 | 1 |
| History of preadolescent sexual abuse | 3 | 0 |
| Psychological disease | | |
| ADD, OCD, bipolar, schizophrenia | 2 | 2 |
| Depression | 1 | 1 |
| Scoring totals | | |

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. *Pain Med.* 2005; 6 (6) : 432