

Stakeholder Consultation Results:

Proposed Policy 25-015: Medical Aid – Cannabis (Marijuana) for Medical Purposes

In this document:

- A. Background**
- B. Consultation Methodology**
- C. Stakeholder response**
- D. Results Summary**
- E. Conclusion**

A. Background

WorkSafeNB is legally responsible for providing medical aid to injured workers who suffer an injury as a result of a workplace accident. In providing medical aid, WorkSafeNB has the authority to determine the necessity, character and sufficiency of medical aid and has developed policies to assist decision makers. In determining the most appropriate treatment for injuries, and ensuring that the funds collected from New Brunswick's employers go towards the most appropriate treatments, WorkSafeNB relies on scientific evidence to support medical aid effectiveness.

While Health Canada has not approved marijuana as a therapeutic product, medical evidence around marijuana's effectiveness continues to develop and is an emerging practice. WorkSafeNB has developed a draft policy with guidelines on cannabis (marijuana) for medical purposes. This draft policy originated from both the board's strategic planning process and the Workers' Compensation Appeals Tribunal (WCAT), which asked WorkSafeNB to develop a policy on the issue to provide guidance.

Throughout this document, the terms medicinal marijuana and cannabis have been used interchangeably. Pharmaceutical cannabinoids refer to cannabinoids which are produced in a controlled pharmaceutical manufacturing environment with standard dosages and have a drug identification number.

As part of WorkSafeNB's board of directors' commitment to consult with stakeholders in their decision-making process, consultation was held on the proposed policy for a period of eight weeks which ended October 15th, 2017. This document shares the feedback that WorkSafeNB received from this consultation.

Summary of proposed policy for consultation purposes

Following extensive research of Canadian and international medical best practices in the safe and effective prescription of medicinal cannabis, the Chief Medical Officer, Planning and Policy and the board of directors established a draft policy.

The proposed policy outlined several medical conditions where scientific evidence supports the use of medicinal cannabis:

1. Spasticity due to spinal cord injury;
2. Nausea and vomiting associated with cancer chemotherapy;
3. Loss of appetite in cancer patients and patients with HIV/AIDS; and
4. Symptoms encountered in palliative/end-of-life care setting.

The proposed policy also outlined WorkSafeNB's authorization guidelines for the prescription of medicinal cannabis in the following situations:

- Chronic pain: Based on recommendations from both the CFPC and Health Canada, chronic pain that has not responded to traditional treatments may also be considered.
- Harm reduction: Marijuana may also be considered for harm reduction when the worker is on a significantly high dosage of opioids with a high risk profile for death from respiratory depression or other significant harmful consequences.
- Post-traumatic stress disorder (PTSD) or other traumatic psychological injury: While marijuana is generally not approved for treating traumatic psychological injuries, there is evidence that preparations containing THC could be beneficial for certain patients with PTSD. As a result, pharmaceutical cannabinoids may be considered for injured workers with a diagnosis of PTSD or other traumatic psychological injury.

As per the proposed policy, WorkSafeNB would require a full risk assessment in all of these additional circumstances and will maintain a cautious approach in funding cannabis.

B. Consultation methodology

WorkSafeNB's board of directors developed a detailed backgrounder outlining the rationale behind the proposed policy, along with the proposed policy itself.

A two-phased communication plan was developed outlining:

- i) the stakeholder consultation phase; and
- ii) the implementation and education phase on this emerging issue.

The consultation campaign was launched on August 16, 2017, with the backgrounder and proposed policy publicly posted on the WorkSafeNB corporate website for any interested parties to provide feedback. Due to the complexity of this newly proposed policy, the normal consultation period of 30 days was extended to eight weeks, with a deadline to submit feedback by October 15, 2017. The consultation was featured on the WorkSafeNB home page and visitors were directed to the policy consultation and supporting material. WorkSafeNB also featured the consultation prominently in social media posts and partner pages.

The board of directors also sent email invitations to over 7,000 key stakeholders:

The New Brunswick Medical Community

This key stakeholder group includes physicians, nurse practitioners and treatment facilities.

6832 email invitations to provide feedback were sent.

15 consultation packages were also mailed to known prescribers of cannabis for medical purposes.

Authorized Licensed Producers of Medical Marijuana

6 email invitations to provide feedback, one for each licensed producer, were sent.

New Brunswick Worker Community

52 email invitations to provide feedback were sent to those on WorkSafeNB's key stakeholder list from the worker community.

In-depth discussions and consultations were also conducted with the Injured Workers' Advisory Committee during its September meeting.

New Brunswick Employer Community

69 email invitations to provide feedback were sent to those on WorkSafeNB's key stakeholder list from the employer community.

The Department of Post-secondary Education, Training and Labour

The stakeholders contacted as part of this group include the Deputy Minister of PETL, the Managing Director of the Labour and Policy Division, the Chairperson of the Workers' Compensation Appeals Tribunal and the Chairperson of Advocate Services.

4 email invitations to provide feedback were sent to this group.

WorkSafeNB Staff

WorkSafeNB staff were notified of the policy consultation through a link on the Bulletin Board of the employee intranet for the duration of the consultation period.

Canadian Compensation Jurisdictions

44 email invitations to provide feedback were sent to this group. The President/CEO, Board Chairperson, Chief Medical Officer and Manager of Policy for each of the other 11 jurisdictions received invitations.

The policy consultation was also featured in the August and September newsletters of WorkSafeNB's *E-News*. *E-News* is available on the WorkSafeNB corporate website and is also sent out to approximately 3,500 registered subscribers.

The third-party survey tool, Novi Survey, used in the stakeholder consultation provided respondents the opportunity to provide open-ended feedback. No specific questions were asked of respondents and, instead consultation participants were able to discuss any thoughts or feedback regarding the proposed policy. As such, the responses varied widely. The purpose of this report is to quantify the responses, identify a rate of response, and to give an overview of the opinions of those stakeholders who participated. The consultation results will be one piece of information that the board of directors will review in the creation of this new policy.

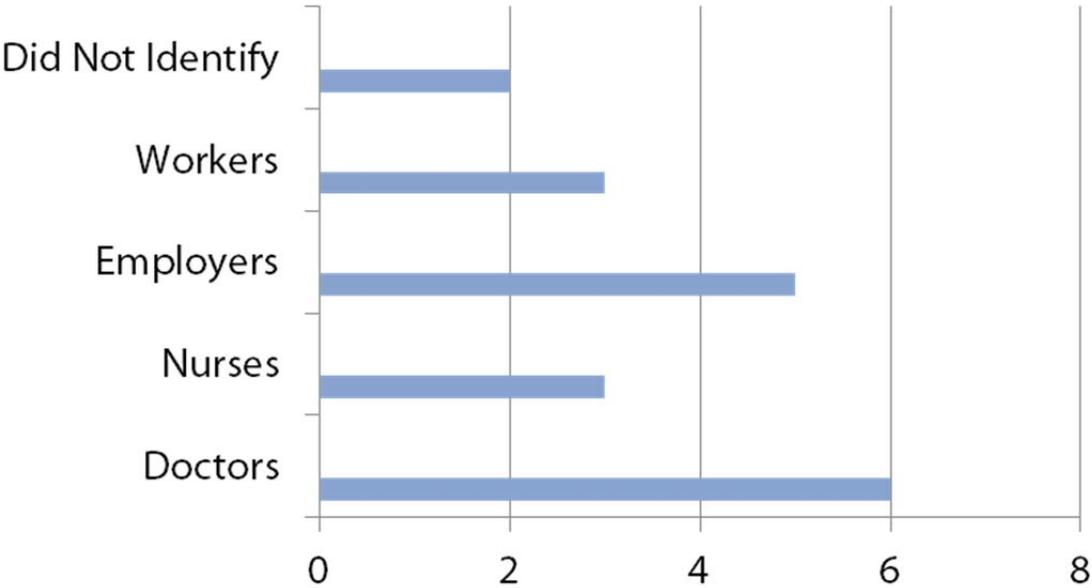
C. Stakeholder response

WorkSafeNB contacted over 7,000 key stakeholders to participate via email. There was also opportunity for other individuals to participate via the employee intranet, subscription to *E-News* and posting on the WorkSafeNB website and social media pages. WorkSafeNB received 19 (n=19) responses to the consultation:

- 13 English and 3 French responses were received via Novi Survey, totalling 16
- 2 further emails (in English) were received commenting on the survey
- The Injured Workers' Advisory Committee (IWAC) provided feedback via written correspondence

The 19 responses received can be grouped by stakeholder communities. The largest contributing stakeholder group was the New Brunswick Medical Community with nine responses. Six New Brunswick doctors responded to the request for consultation along with three nurses. Five New Brunswick employers responded to the request for feedback in comparison to the three responses from the Injured Worker stakeholder group. The remaining two respondents did not identify which stakeholder group they belong to.

Distribution of Respondents by Group



D. Results summary

WHAT DOCTORS HAD TO SAY

Six responses were received from NB physicians:

- Three are family physicians
- One is a surgeon
- One is a psychiatrist
- One is a physician specialising in anaesthesia.

Physician concern over use of pharmaceutical cannabinoids in treatment of PTSD

Four out of the six doctors (67%) voiced strong concern over the inclusion of Post-Traumatic Stress Disorder (PTSD) as one of the medical conditions where pharmaceutical cannabinoids may be prescribed in the proposed policy. All of the comments, however, seem directed towards the use of dried cannabis which was not what the policy proposed.

One family physician opposed to PTSD coverage cited peer-reviewed literature from a medical journal, stating that it was the strongest evidence they had encountered on the subject. This study actually suggests marijuana would worsen PTSD symptoms. This doctor warned that although society is latching onto marijuana as a magic cure, its use in PTSD treatment would be irresponsible.

The psychiatrist echoed the concerns of including PTSD. They argued that several other better-researched pharmacological treatments need to be tried first. Even though many patients are reporting benefits from medicinal marijuana, they believe this could be a placebo effect. Despite being a subjectively pleasant experience, they question whether medical marijuana has any positive long term effects for psychiatric patients. They had seen significant complications like psychosis in practice from medicinal cannabis. They also fear it may create a chemical dependence and the need for substance abuse diversion programs.

The physician specialising in anaesthesia was opposed to the prescription of medicinal cannabis for all three medical conditions where funding would be dependent on a full risk assessment:

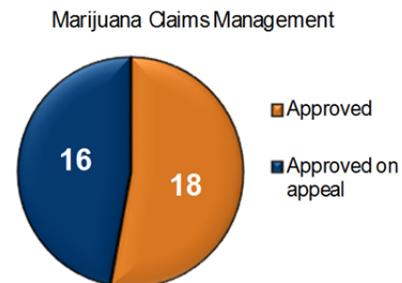
- PTSD
- harm reduction, and
- chronic pain.

They believed it would aggravate rather than improve psychological conditions, and that there have not been enough studies conducted to support this kind of use. They also disagreed with the possible inclusion of chronic pain, stating that they were unable to find credible studies to support the

analgesic effects of marijuana. They warned that this “could expose workers to more harm, such as the psychoses observed with long-term recreational use by Scandinavian military personnel.”

In response to the table reproduced here, this physician also cautioned that the Appeals Tribunal was failing to take into account the preponderance of medical evidence in the appeals cases where they approved WorkSafeNB provision of medicinal cannabis. They concluded that prescriptions should be restricted to the four limited medical conditions:

- spasticity due to spinal injury
- nausea/vomiting during chemotherapy
- loss of appetite in cancers and HIV/AIDS patients, and
- end of life care, until sound, repeatable scientific evidence exists.



Lastly, the physician also cautioned the use of medicinal cannabis for the purpose of harm reduction for “worker[s]... on a significantly high dosage amount of opioids over the maximum daily dose as recommended in Policy 25-012 Medical Aid – Opioids with a high risk profile for death from respiratory depression or other significant harmful consequences” [proposed policy 25-015]. Their stance is that adding medicinal marijuana, a central nervous system (CNS) depressant, to opioids, another CNS depressant, would not be a safe practice.

The final doctor, a family physician, believed the proposed policy was a good start but also echoed the concern of other physician respondents in advising WorkSafeNB to reconsider its stance on funding pharmaceutical cannabinoids for cases of PTSD and chronic pain. The physician could “...find no support either in the [College of Family Physicians of Canada Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance from the College of Family Physicians of Canada, Mississauga, ON: 2014] or in my survey of the literature for this position.”

- The orthopedic surgeon stated only that “The policy appears reasonable”.
- One family physician simply commented that the consultation package was “way to [sic] long to expect others to review” and provided no comments on the proposed policy itself.

WHAT NURSES HAD TO SAY

- Three nurses responded to WorkSafeNB’s request for consultation on the proposed policy.
- One believed the policy to be “evidence based and will support appropriate use of resources”.
- Another nurse respondent suggested WorkSafeNB include pharmacologists and/or pharmacists in the decision-making process “of whether or not claims are considered safe prescribing”, arguing that as a nurse, they value their “expertise... [They] are the ‘drug experts’.” The nurse also offered the suggestion of having a second opinion “from another prescriber of controlled substances” to ensure safe prescription practices.

- The last nurse to submit comments shared their opposing sentiments on the legalization of marijuana but did not have any comments relevant to the proposed policy.

WHAT EMPLOYERS HAD TO SAY

Five New Brunswick employers participated in the policy consultation.

One employer stressed the need in section **3.1 Full risk assessment** to clarify who will conduct the risk assessment and suggested the wording *“medical advisor with training in substance abuse for the medical aspects”*. The employer wondered if occupational therapists, ergonomists, or the employer were meant to conduct the full risk assessment of the worksite. They also expressed concern with the wording in section **4.3 Role of Physician** where it states:

When any form of marijuana or cannabinoids are determined to be the appropriate course of treatment, WorkSafeNB expects CBD-rich product to be prescribed for daytime use with THC limited to night time use to allow any euphoric effects to wear off by morning, for example if prescribing pharmaceutical marijuana containing THC...

The employer’s concern was that, by using the language that consumption of marijuana containing THC should be *“limited to night time use”*, so that the *“euphoric effects... wear off by morning”*, WorkSafeNB was not taking into consideration shift workers who work evenings or rotating shifts.

Another employer stated that after discussion with colleagues, they agree with the proposed policy in principle. They expressed belief in a *“restrictive and not permissive”* approach to the issue and suggested compliance with the policy be ensured by conducting *“spot-checks”* on an ongoing basis. They believed WorkSafeNB should undertake a comprehensive study following the implementation of the proposed policy to examine:

...the short, medium, long and longer term effects of this drug on the employees using this drug and their workplace, including but not limited to any change (effects) in their ability to handle their daily workload, any change in behavior, and any change in their safety statistics (involvement in accidents/incidents etc.), their employers' accommodations and whether or not said accommodations pose undue hardship...

Another employer expressed strong reservations with the proposed policy. The proposed policy requires WorkSafeNB to do a full risk assessment of the worker and worksite before authorizing funding. Despite this, the employer’s biggest concern was the possibility that injured workers receiving medicinal cannabis from WorkSafeNB would create safety hazards for themselves and their coworkers upon returning to work.

The employer also pointed out that in section **2.4 Traumatic Psychological Injuries (including PTSD)** it states coverage would be dependent on enrollment in a psychological injury management program *“including a signed therapeutic agreement between the psychologist, psychiatrist or other health care professional specializing in traumatic psychological injuries and the worker.”* [emphasis added]. The concern was the wording *“other health care professional”* may open the door for any number of so-called health professionals and warned of the risk of losing control of patient care.

Though the employer admitted they are not an expert on substance abuse, they stated that section **5.3 Dependency** worries them because alcohol addiction is considered a disease and addiction to marijuana might also be considered a disease; they fear WorkSafeNB would be financially responsible for that dependency.

Another employer expressed concern with workplace safety in the event that injured workers receiving cannabis begin returning to work. They agree with providing medicinal marijuana to aid in end-of-life care and for chronic diseases but does not agree with its use in treatment of chronic pain. They wondered what tools would be provided to employers with injured workers being prescribed medicinal cannabis and how safety would be ensured. They warned by allowing workers under the influence to work, WorkSafeNB is tackling an issue that is neither legal at the provincial nor federal level but thanked WorkSafeNB for the opportunity to participate.

Another employer in New Brunswick provided a lot of feedback on this proposed policy. Overall, this employer believes the policy to be “*very sound*” but identified opportunities in their three-page submission to clarify language in the proposed policy. Firstly, in section **3.1 Full risk assessment**, where it states a full risk assessment would include “*review of the potential impact on the individual’s ability to operate a motor vehicle or equipment in the workplace*”, they feel it needs to be worded more clearly to “*require consultation with employers prior to a return to work.*” They strongly suggested clearer language that mandates employer involvement in the process.

They also expressed concern that marijuana affects much more than just the ability to operate a motor vehicle and may also impair decision-making and pose risks to the “*safety-sensitive nature of the industry.*” Secondly, this employer has reservations about the use of medicinal cannabis in the case of harm reduction. They had their Chief Medical Officer of their health services program weigh in on the topic:

I have conducted a literature review on this topic. While Harm Reduction theory may support this in practice, there is little medical evidence to support this approach beyond a few articles that have demonstrated that opioid overdose deaths declined in US jurisdictions where medical marijuana has been legalized. It must be noted that these studies are correlational in nature and cannot be used to infer a causal link. ... Addiction medicine principles generally discourage the use of cannabis for medical treatment in patients with a diagnosed substance abuse disorder, and this perspective is supported by the current recommendations for the prescription of medical cannabis by College of Family Physicians of Canada.

Thirdly, this employer takes issue with section **3.0 Approval Process for Marijuana**. This section requires two WorkSafeNB medical advisors from separate regional offices to approve the request for authorization and if there is internal dispute, an external independent advisor would be the decision maker. This employer disagrees with that approach and believes that “*General practitioners and physicians have not been afforded any education or expert training in this field. ...until there is clear science supported by the World Health Organization and the Canadian Medical Association... the review process should be done by an external expert.*”

This employer reiterated their concerns with commentary on section **4.2 Role of WorkSafeNB**. It states: *"Should the decision be made to approve marijuana, WorkSafeNB will consider referring the worker to an external medical advisor for additional evaluation should the dosing not be consistent with expectations."* [emphasis added]. The concern here is that injured workers with medicinal cannabis prescriptions returning to work could create an unsafe workplace; they felt the underlined wording was too vague and needs clarification as they felt strong return-to-work screening needs to be incorporated.

Furthermore, in section **5.0 Monitoring Treatments and Suspending Payment** they argue the term 'periodically reviews' is too ambiguous and should instead state an actual timeframe for reviews. In section **5.1 Monitoring Requirements**, where it says *"Completion of these forms should be repeated every 12 weeks..."*, they suggest the wording be *"must be repeated every 12 weeks."* Lastly, this employer advocates the elimination of section **5.2 Illegal Use of Marijuana** on the basis that *"The opening statement of this section contradicts the wording in the rest of the policy. We strongly recommend its removal."*

This employer had extensive comments and requested the opportunity to meet with WorkSafeNB to discuss this proposed policy further. WorkSafeNB welcomes such passionate stakeholder engagement and will meet with this employer in the near future.

WHAT INJURED WORKERS HAD TO SAY

WorkSafeNB received two responses from individuals identifying as injured workers and one mailed submission from the Injured Workers' Advisory Committee.

One individual told their story of life with chronic pain and the numerous pain medications they have been prescribed. They suffered side effects from the pain killers and was subsequently prescribed secondary medications to deal with the side effects. They were further prescribed tertiary medications to deal with the side effects of the secondary medications. The chronic pain then evolved into numerous conditions including stress, anxiety, muscle spasms, bowel problems, cardiac problems, and suicidal and violent thoughts. The worker noticed after trying marijuana that their pain was alleviated and they slept better. They were able to reduce and eventually eliminate all of the prescription medications. They found that medicinal cannabis allowed them to laugh again and urges WorkSafeNB to, *"please pay for my medical marijuana and make it available to the thousands of injured workers that could enjoy a much better daily life without all the complications and side affects [sic] of prescription drugs"*.

Another injured worker shared their story. They have been receiving medicinal cannabis through WorkSafeNB for 12 years. The injured worker was first prescribed Marion until it was discontinued. They then tried Cessamet but moved to Sativex after experiencing some side effects with Cessamet. For them, medicinal cannabis has enabled them to *"move [and] get around and also makes the pain bearable."*

The Injured Workers' Advisory Committee (IWAC) was pleased with the proposed policy but had a few suggestions for improvement. Firstly, they submitted that the list of conditions for which WorkSafeNB would authorize medicinal cannabis is too limiting; it is their belief that whenever a family physician prescribes cannabis it should be authorized, or at least that the list of conditions where cannabis is authorized be expanded. The IWAC also suggests WorkSafeNB do away with the proposed 3 gram daily limit, and believes that the worker's treating physician should be the one to determine appropriate dosage for each individual case. The IWAC further submitted that WorkSafeNB should not place any limits on the level of THC in the cannabis it funds; again, they believe that only an injured worker's treating physician should be able to restrict or limit medicinal cannabis prescriptions. Lastly, the IWAC also shared employer concerns of return-to-work safety when injured workers with cannabis prescriptions return to employment. The IWAC trusts WorkSafeNB will put safety measures in place to ensure workers are not impaired on the job.

WHAT ANONYMOUS RESPONDENTS HAD TO SAY

Two responses were received from individuals not self-identifying with any stakeholder group. Both anonymous respondents wanted to know if a WorkSafeNB claimant has already been approved for coverage of medicinal cannabis through the appeals process at a daily dosage of five grams, would their coverage be lowered to the proposed policy's daily limit of three grams per day. One of the anonymous respondents further wondered if this proposed policy was to pass, if that meant people already receiving medicinal cannabis from WorkSafeNB would have to undergo an assessment every 12 weeks.

E. Conclusion

The 18 responses, while varying in opinion, did share some similar themes WorkSafeNB can apply to the further development of its pioneer Policy 25-015 Medical Aid – Marijuana (Cannabis) for Medical Purposes.

Most doctors who responded were overwhelmed with concern in the coverage of medicinal cannabis for the treatment of PTSD and other traumatic psychological injuries, expressing concern on the lack of medical evidence to support this. Two doctors also expressed concern in its use for the treatment of chronic pain, along with one employer.

The opinion of nurses was mostly in support of the proposed policy with one nurse suggesting WorkSafeNB may find value in allowing pharmacists, the "*drug experts*", to assist in the decision-making process and also suggested prescriptions for medicinal cannabis be reviewed by a second physician to ensure efficacy and safety.

Employers shared the same concerns of how this proposed policy would affect their workplaces. They had concerns of their employees conducting work under the influence and had concerns with workplace safety. One employer suggested WorkSafeNB conduct a study following implementation of this proposed policy to study the effects of marijuana in the workplace and its effect on accident rates and behaviour, among other things.

The injured worker respondents supported the use of medicinal cannabis for its analgesic (pain killing) effects and to treat insomnia. While they only had personal experience to offer, two injured workers affirmed their lives had changed for the better by medicinal marijuana. Prior to being prescribed medicinal cannabis, one respondent had been on multiple medications to treat their chronic pain and the numerous unpleasant side effects from secondary and tertiary medications. The injured worker urges WorkSafeNB to pay for medicinal marijuana “for the thousands of injured workers” who he believes would benefit.

Two anonymous respondents expressed concern with the daily dose of three grams per day and the requirement to undergo an assessment every 12 weeks.

WorkSafeNB’s board of directors would like to thank all respondents for taking the time to share their opinions on this topic. This is emerging topic and as such this feedback is greatly appreciated and will be taken into consideration as the board of directors moves forward to establish policy.