

Canadian Medication Optimization Briefing

Cannabis for Medical Purposes



PATIENT EXPERIENCE

"I've been admitted to the hospital, and I'm worried that I won't be able to use my cannabis vaporizer during my stay. Why do I have to provide so much paperwork and proof of authorization?"

"I am embarrassed that I use cannabis at home, but I'm afraid of my symptoms without it. It is so expensive, and I only have a small supply left."

"I am interested in this cannabis oil product that lasts longer throughout the day. Who can give me good advice?"

STEPS YOU CAN TAKE

- Reassure me that other people use cannabis, and that I can speak openly about it.
- Work with me to define my functional goals of therapy; e.g., playing with my grandkids or walking around the block.
- Offer resources to support me in making informed decisions about cannabis use.
- If I need help navigating the system, help me access an appropriate, safe, and regulated product.
- People like me, with medical authorization for cannabis, may choose to obtain cannabis from a licensed producer or retailer, produce my own, or designate someone to produce it for me.
- Respect my autonomy in making choices about my use of cannabis.

STEWARDSHIP

Create an institutional framework under which the needs and preferences of people using cannabis are valued and respected, balancing professional integrity, standards of care, and current legislation and regulations.

Consider the best available evidence for cannabis. Remember that it has historically been difficult to study and obtain high-quality evidence for the use of cannabis as medicine.

Ensure that your institutional policy:

- promotes the safety of patients and staff
- complies with legislation and regulations
- describes safe handling, storage, administration, and disposal of cannabis
- defines the roles and responsibilities of patients, caregivers, and staff

STEPS YOU CAN TAKE

- Advocate for development and implementation of an institutional cannabis policy.
- Provide objective and evidence-informed information to patients and other healthcare professionals.
- Develop a process to identify and support individuals who are at risk of or actively experiencing a substance use disorder. Screen for cannabis use disorder (e.g., CUDIT-R tool).

PRACTICE MODEL

There is evidence for use of cannabinoids in multiple sclerosis, spinal cord injury, chronic neuropathic pain, palliative and end-of-life pain, chemotherapy-induced nausea and vomiting, and pediatric treatment-resistant seizure disorders; however, cannabis is not a first-line treatment for any condition.

Contraindications include current or past substance use disorder, personal or strong family history of psychosis, and pregnancy and lactation.

Cannabis has more than 500 active compounds. So far, we know the most about:

- tetrahydrocannabinol (THC): psychotropic effects, including euphoria
- cannabidiol (CBD): little or no psychotropic activity

People may choose to smoke or vaporize the dried plant, or use other formulations such as oils, capsules, edibles, or suppositories via oral, sublingual, topical, or rectal route of administration.

STEPS YOU CAN TAKE

Ask every patient about cannabis use. Gather information on indication, medical authorization, daily amount authorized and actual use, duration, route, and source (e.g., homegrown, licensed producer). Inquire about THC and CBD content, recognizing that homegrown products may not be labeled with potency of individual components.

Assess indication, contraindication, current and past medical history, concomitant medications, comorbid conditions, and substance use.

Advise patients to try evidence-based first-line therapies as part of their treatment plan and provide cannabis education using reliable sources.

Monitor for adverse effects such as drowsiness, orthostatic hypotension, perceptual disturbances, or memory impairment, worsening mood or function, or cannabis use disorder. Cannabis may contribute to hyperemesis syndrome and withdrawal. Watch for an additive drug interaction with other CNS depressants. Know that THC is metabolized by CYP2C9, 2C19, and 3A4, and both THC and CBD inhibit CYP1A2.

PARTNERS

Open communication is key to ensuring safe cannabis use hospitals and communities.

Health Canada sets federal regulations, and licensed producers provide access to regulated cannabis products. Provincially or territorially regulated cannabis retailers may be government-operated, private, or online. Public health agencies also play a critical role in providing education about cannabis use.

STEPS YOU CAN TAKE

- Reduce stigma and create an environment where cannabis, as part of the treatment plan, can be openly discussed and evaluated.
- Participate in dose optimization and product selection from regulated sources to minimize harm from amounts and potencies of cannabis selected.
- Communicate with other hospital and community team members during transitions of care. Such communication with be particularly important until there are standards for how and where to document cannabis use.
- Document cannabis use - both medical and nonmedical - in the patient's chart, preferably in the Best Possible Medication History (BPMH).

CASE STUDIES

A 48-year-old woman uses medically authorized dried-leaf cannabis (1.5 g/day) by vaporizer for chronic neuropathic pain. She uses a high-CBD strain (1:20) in the morning, and a high-THC strain (17:1) in the evening. She reports better sleep and function, but minimal pain relief. She uses multimodal therapy, including a warm-pool exercise program.

She is admitted to hospital for elective surgery and is worried about interrupting her therapy. She wonders what she can use while in hospital, how to access a supply, and whether she should switch to cannabis oil.

Clinical pearls:

- Consult the hospital's policy on use of cannabis for medical purposes, if available.
- Document details of use in the BPMH.
- Assess for risks, side effects, and cannabis use disorder using the CUDIT-R tool and assess interactions with pre- and post-operative medications.
- Facilitate continued use of cannabis or alternative (e.g., nabilone, cannabis oil), if appropriate.

If continued therapy is warranted, consider switch to orally administered cannabis oil for harm reduction.

TIPS FOR SUCCESS

Provide education to minimize harm related to cannabis use:

- Different products have different proportions of THC and CBD. Select the lowest effective dose of THC.
- To reduce harm to the developing brain, advise patients under age 25 to avoid or stop using **THC-containing products** unless they are part of a clinical trial. CBD-containing products may be considered for treating refractory seizures.
- Cannabis smoke contains many of the same carcinogens as tobacco smoke. Counsel patients to avoid smoking and to opt for alternative routes. If inhalation is the desired route of administration, cannabis can be vaporized using approved medical devices, although rigorous studies on health outcomes are lacking.
- Abrupt cessation following chronic cannabis use may result in the patient experiencing withdrawal effects such as aggression, irritability, restlessness, anxiety, headache, depressed mood, or changes in sleep or appetite.

Offer symptom management for withdrawal, and consider prescription cannabinoids (i.e. nabilone, nabiximols) while in hospital if the person was using cannabis before admission and there are barriers to continued access.

RESOURCES FOR PATIENTS

- Government of Canada: <https://www.canada.ca/en/services/health/campaigns/cannabis.html>
- Canadian Centre on Substance Use and Addiction (CCSUA): <https://www.ccsa.ca/cannabis>
<https://www.ccsa.ca/clearing-smoke-cannabis-cannabis-use-and-driving-update>
- Manitoba Addictions Knowledge Exchange: <https://makeconnections.ca/links/cannabis-information-resources/>
- Canada's Lower-Risk Cannabis Use Guidelines: <https://www.camh.ca/-/media/files/pdfs--reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>
- RxFiles Cannabis Q&A for Patients Booklet: <https://www.rxfiles.ca/rxfiles/uploads/documents/Cannabis-Medical-Patient-Booklet.pdf>

LIFESTYLE ADVICE

Avoid smoking cannabis. Opt for safer routes.

Store cannabis safely and securely in the home.

Do not drive or operate heavy machinery for 4-6 hours after using cannabis, depending on route of administration, and even longer if experiencing persistent euphoria or impairment.

- Products ingested orally have a longer time to onset and longer duration of effect than products that are inhaled, with peak effects several hours after administration.

Self-prepared edibles may have inconsistent dosing throughout the product (i.e., different bites may have different amounts).

Cannabis should be part of a multimodal approach to treatment.

Out-of-pocket costs can be prohibitive. Think about individualized cost-benefit.

LEARN MORE

- Health Canada. Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the cannabinoids. <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html>
- Canadian Pharmacists Association. Medical Cannabis. <https://www.pharmacists.ca/advocacy/medical-cannabis/>
- University of Waterloo. Pharmacy 5in5 Resources. <https://uwaterloo.ca/pharmacy/health-resources/pharmacy5in5-resources>
- The Canadian Consortium for the Investigation of Cannabinoids. <https://ccic.net/>
- Canadian Public Health Association. Cannabis Screening Tools. <https://www.cpha.ca/cannabis-screening-tools>
- RxFiles Cannabis/ Medical Cannabis Newsletter. <https://www.rxfiles.ca/rxfiles/uploads/documents/CANNABINOIDS-Newsletter-CHT-QandA-RxFiles.pdf>

GLOSSARY

Cannabis: refers to the plant *Cannabis sativa* that contains over 500 distinct compounds, including phytocannabinoids, the most common ones being Δ -9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

Cannabinoid: A substance found in the trichomes of cannabis that have effects on cell receptors in the brain and body. These are found in cannabis and pharmaceutical cannabinoids.

REFERENCES

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