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?”

**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, and 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**

- 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.
- Respect my autonomy in making choices about my use of cannabis. People like me, with medical authorization for cannabis, may choose to obtain cannabis from nonregulated sources.

**PRACTICE MODEL**

There is evidence for use of cannabinoids in multiple sclerosis, chronic neuropathic pain, 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.

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

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

Different products have different proportions of THC and CBD. 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.

**PARTNERS**

Open communication within the interprofessional team is key to ensuring safe cannabis use in hospitals and communities. Health Canada sets federal regulations, and licensed producers provide access to regulated cannabis products. Public health agencies also play a critical role in providing education about cannabis use.

- 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 will 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.

**STEPS YOU CAN TAKE**

- Ask every patient about cannabis use. Gather information on indication, medical authorization, daily amount authorized, use pattern and duration, route, and source (e.g., homegrown, licensed producer). Inquire about THC and CBD content, recognizing that some products may not be labelled with potency of individual components.
- Assess indication, past medical history, concomitant medications, comorbid conditions, and substance use.
- Advise patients to try evidence-based therapies as part of their treatment plan.
- Monitor for adverse effects such as drowsiness, 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 CYP1A1, 1A2, and 1B1.

**STEPS YOU CAN TAKE**

- Acknowledge bias related to cannabis use. Reduce stigma and create an environment where cannabis as part of the treatment plan can be openly discussed and evaluated.
- 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).
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 Best Possible Medication History (BPMH).
- Assess for risks, side effects, and cannabis use disorder using the CUDIT-R tool.
- Facilitate continued use of cannabis or alternative (e.g., nabulone, cannabis oil), if appropriate.
- If continued use is appropriate, recommend switch to cannabis oil, administered orally, for harm reduction.

TIPS FOR SUCCESS

Provide education to minimize harm related to cannabis use:
- 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.
- 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 pharmacological cannabinoids while in hospital if the person was using cannabis before admission and there are necessary barriers to continued access.

RESOURCES FOR PATIENTS

- Manitoba Addictions Knowledge Exchange: https://makeconnections.ca/links/cannabis-information-resources/

CASE STUDIES

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