

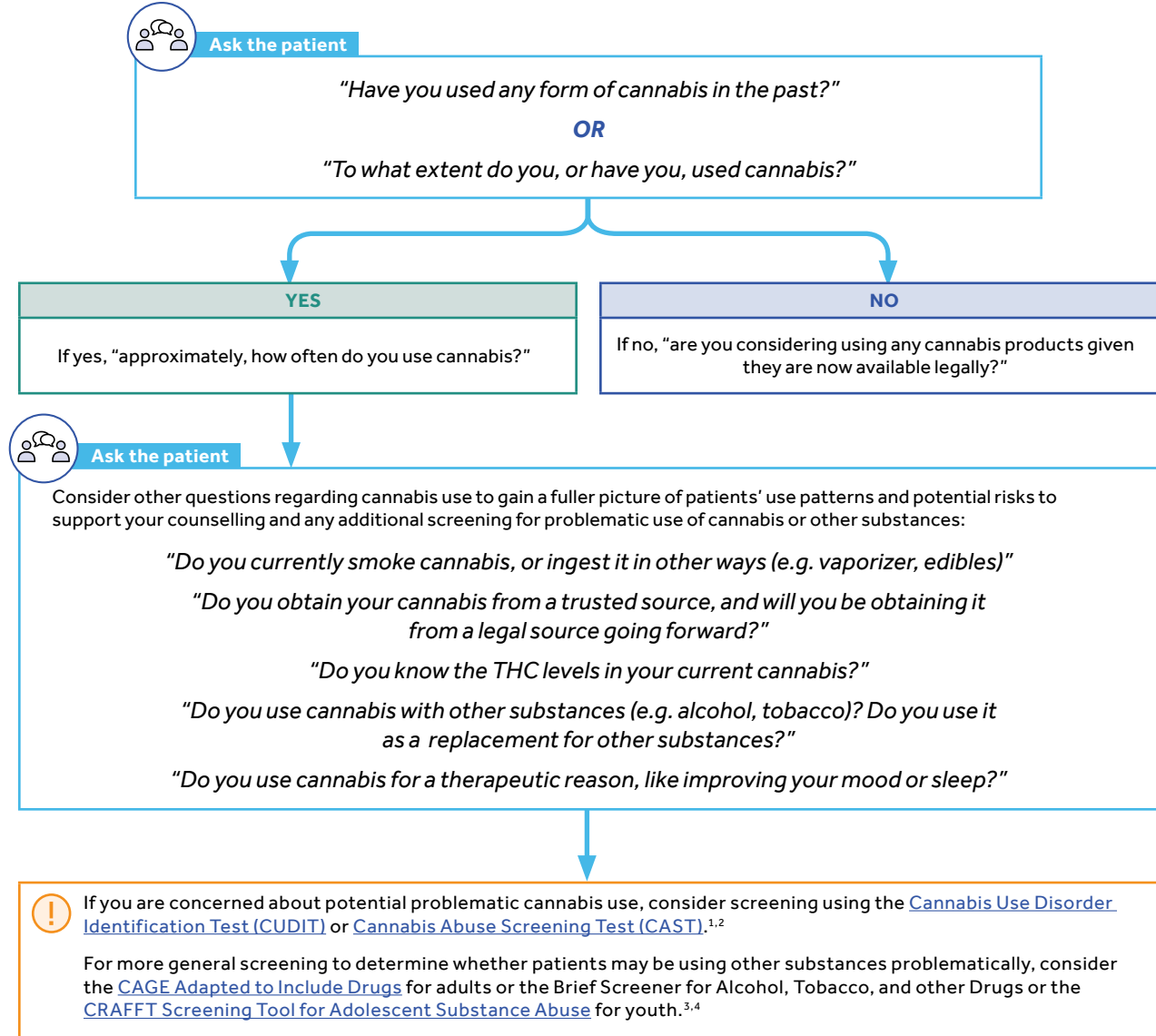
**Introduction**

The following resource has been developed to address the legalization of cannabis. The resource is designed to help primary care providers in discussing non-medical cannabis with their adult (19+) patients, including educating on the harms and benefits of cannabis as well as general harm reduction. This resource is not intended to address medical cannabis.

It is important that providers provide a safe, non-judgmental environment to allow for open dialogue. Counsel patients that use non-medical cannabis on harm reduction techniques and potential risk factors. If you identify problematic use or behaviour, screen for Cannabis Use Disorder and/or cannabis related mental health issues.

**Section A: Screening for cannabis use**

Providers should screen all patients in their practice to ascertain their cannabis use. Patients who may have previously declined to inform their providers regarding their use may feel more comfortable disclosing cannabis use given legalization.



THERAPEUTIC INTENT		
<p>Patients may be using non-medical cannabis with therapeutic intent for conditions including chronic pain, arthritis, or anxiety. In most cases there is insufficient evidence to recommend the use of cannabis for these conditions. Ensure first- and second-line pharmacological and non-pharmacological management of patients' other health conditions is trialled prior to discussions about medical or non-medical cannabis.</p>		
<a href="#">Chronic Non-Cancer Pain</a>	<a href="#">Osteoarthritis</a>	<a href="#">Adult Mental Health and Addictions</a>
<a href="#">Low Back Pain</a>	<a href="#">Youth Mental Health</a>	<a href="#">Ontario Pain Management Resources</a>
<a href="#">Neck Pain and Headache</a>		

## Section B: Benefits/harms for patients using cannabis<sup>5, 6</sup>

Ensure all patients, especially those considering new cannabis use, are aware of the potential risks prior to use.

### Benefits & harms of cannabis use

BENEFITS
<b>Cannabis is medically indicated as a potential third-line treatment for:</b>
Refractory neuropathic or palliative pain
Chemotherapy induced nausea and vomiting
Spasticity in multiple sclerosis and spinal cord injury
Patients with these conditions may have reduced pain and symptom improvement (i.e. nausea and vomiting or spasticity).
Little evidence is available about the benefits for other conditions commonly cited for therapeutic non-medical use.

HARMS*	
Patients using cannabis may experience:	
Cognitive issues (e.g. impaired memory)	NNH = 12
Disorientation or confusion	NNH = 15
Central nervous system effects	NNH = 4
Dizziness	NNH = 5
Speech disorders	NNH = 5
Numbness	NNH = 4
Ataxia or muscle twitching	NNH = 6
Some patients may experience serious psychiatric issues, including dissociation or acute psychosis.	NNH = 20

\*Given previous exposure and difficulty in conducting a true placebo control trial, it is thought that the harms may be underestimated in these findings.



### Talking points

“Smoking cannabis, like tobacco smoking, can have long-term risks to your health including respiratory, reproductive, or memory issues.”

“There is no good evidence to show cannabis is effective for most conditions. If you are using cannabis for other health issues, let’s discuss them and make sure we are managing them well with treatments that have more evidence.”

“While many people use cannabis to reduce their anxiety, it may in some cases make anxiety worse.”

“Using cannabis may make you feel more relaxed and you may feel your anxiety is reduced. This is only a short-term fix; as the cannabis wears off you may actually feel an increase in anxiety.”

### Advising special populations

For patients with specific health risk factors or comorbidities, cannabis use may increase adverse health events. Advise patients with specific health concerns accordingly:



#### MENTAL HEALTH<sup>5</sup>

If your patient or an immediate family member has a history of psychosis, their risk of cannabis-related psychosis is increased.

Cannabis use may exacerbate or trigger underlying mental health issues.



#### OLDER ADULTS

Older adults may have age-related changes that could impact the outcome of their cannabis use, even if they have used cannabis previously. Evidence is limited in the older adult population, but age-related concerns may be a factor even for patients who have used cannabis previously.



#### PRECONCEPTION AND MATERNAL HEALTH<sup>5</sup>

If your patient is pregnant, or is considering pregnancy, cannabis could harm their fetus or newborn. There is evidence that cannabis use may affect fertility in both men and women.

Use of cannabis during pregnancy increases risk of anemia.

Use of cannabis during pregnancy can lead to decreased birth weight, increased placement in neonatal care units, and child development and behavioural problems.

If your patient is breastfeeding, advise your patient that THC does pass into breastmilk and therefore to the baby but the impacts to the baby are unknown.



#### CANNABIS USE AND DRIVING

Cannabis use significantly increases risk of motor vehicle accidents – patients should wait at least 6-8 hours after using dry cannabis before driving or operating any heavy machinery and 8-12 hours if the patient ingests cannabis. This range may vary and is dependent on the amount and potency of the cannabis used, and the individual patient.

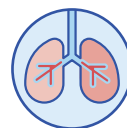
Ensure patients are aware of the current driving penalties in their province or territory if found under influence of cannabis.

Ensure patients are aware of the effects cannabis can have on driving: [Canadian Centre on Substance Use and Addiction Drug Impaired Driving Toolkit](#)



#### CARDIOVASCULAR

If your patient has previous cardiovascular events or cardiovascular risk factors, using dried and smoked cannabis could lead to elevated risk of stroke or adverse events.



#### RESPIRATORY

Cannabis use, specifically dried and smoked cannabis, can exacerbate respiratory comorbidities and increase risk of additional respiratory concerns (e.g. chronic bronchitis, shortness of breath)



#### SUBSTANCE USE

If your patients or an immediate family member has a history of substance use disorder, additional harm reduction and precaution should be exercised.

Concurrent use of cannabis and other substances, including alcohol, results in increased impairment-related risks. Tobacco is considered more addictive than cannabis. Combining tobacco and cannabis can result in an increased risk of developing addiction to tobacco which can lead to regular use of cannabis.



#### YOUTH AND YOUNGER ADULTS

Population based studies have shown longer lasting cognitive effects including memory and attention problems in youth under the age of 25.

Ensure younger patients and their families are appropriately informed and supported: [CAMH Cannabis Health Information & Resources](#)

## Section B Continued: Benefits/harms for patients using cannabis<sup>5,6</sup>

### Harm reduction

Cannabis is addictive, though not everyone who uses it will develop an addiction. For any patients using cannabis, or considering using cannabis, ensure that appropriate harm reduction measures are communicated. Applying harm reduction principles can help to reduce the risk of adverse effects or problematic use.

For additional supports on harm reduction messages try the [University of Victoria Take Care with Cannabis](#) handout or [CAMH's Cannabis Lower Risk Guidelines](#).

Advise your patients to watch for symptoms of high cannabis toxicity, including:

- Auditory and visual hallucinations
- Paranoid delusions
- Confusion and amnesia
- Rapid breathing, high heart rate and elevated blood pressure.
- If these occur advise patients to call 911, local poison control centre, healthcare provider or the emergency department of your nearest hospital.



### Talking points

#### HARM REDUCTION MEASURES TO COMMUNICATE TO PATIENTS<sup>7,8</sup>

Try to defer use until the brain is fully developed, which is approximately age 25

Smoking burnt cannabis can be harmful to the lungs and respiratory system. Choose other methods such as vaporizers but be aware that they still come with risks.

Avoid frequent (daily or near-daily) use

Avoid deep inhalation or holding your breath after inhaling

Avoid using large amounts, or cannabis with high potency THC (> 10% THC)

Avoid synthetic cannabinoids

Ensure your cannabis products are safely stored to avoid accidental ingestion by pets or children

Consider tracking or monitoring your use to understand your use pattern and when it may be affecting your daily life, or become hard to control

Only use cannabis products purchased legally to ensure they are free from pesticides and contaminants.

## Section C: Managing side effects of cannabis use

### Patient follow-up and continued use

As with other non-medical substances, keep apprised of your patients' use and related concerns. Consider following up more frequently with higher risk populations, including youth and patients with concurrent psychiatric or substance use disorders.

If problematic use or Cannabis Use Disorder is a concern, consider screening your patient using the CUDIT or CAGE for adults or the Brief Screener for Alcohol, Tobacco, and other Drugs for youth.

Patients may also experience additional side effects as a result of cannabis use:

SIDE EFFECT	RECOMMENDED TREATMENT
<p><b>Cannabinoid Hyperemesis Syndrome (CHS)<sup>9</sup></b></p> <p>Cannabinoid Hyperemesis Syndrome is a syndrome related to cannabis use that causes intermittent cycles of nausea and vomiting.</p> <p>There is limited evidence on the pathophysiology of Cannabinoid Hyperemesis Syndrome (CHS), however it has been recognized with increasing frequency, particularly for patients who have used cannabis frequently and/or chronically.</p> <p>CHS may present similarly to Cyclical Vomiting Syndrome, with cyclic patterns of severe nausea and vomiting over months. Patients with CHS also generally report symptom relief with hot baths or shower.</p>	<p>Current treatment for CHS is abstinence and supportive care for hydration and anti-emesis.</p> <p>For patients presenting with CHS or cyclical vomiting symptoms, recommend patients stop using cannabis.</p>
<p><b>New or exacerbated mental health concerns (e.g. depression, anxiety)</b></p> <p>Patients who use cannabis may experience worsened or new mental health concerns (e.g. depression, anxiety, panic attacks), particularly with high potency THC (&gt;10% THC) cannabis.</p> <p>The risk of developing psychosis or schizophrenia may increase when cannabis is used more frequently, especially when daily or near-daily use. Additionally the use of high-potency cannabis product has been linked to an increase risk of psychosis.</p>	<p>Ensure mental health concerns are treated through non-cannabinoid medication and supportive care (e.g. CBT)</p> <p>Advise patients that frequent cannabis use may exacerbate mental health issues.</p>
<p><b>Respiratory issues</b></p> <p>Patients who use cannabis frequently may experience increased incidences of respiratory or lung issues, including shortness of breath or chronic bronchitis.</p>	<p>Recommend patients with pre-existing or chronic respiratory issues abstain from cannabis use or consider alternative formulations.</p>
<p><b>Cardiovascular issues</b></p> <p>Limited evidence suggests association between elevated blood pressure and heart rate associated with smoked cannabis. This places patients at increased risk of cardiovascular events, including stroke.</p>	<p>Advise patients with cardiovascular risk factors or pre-existing cardiovascular events to abstain from cannabis use or consider alternative formulations.</p>

## Supporting Materials

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Drug Free Kids Canada - Cannabis Talk Kit <https://link.cep.health/nmc13>

Kahan M, Srivastava A, Spithoff S, Bromley L. Prescribing smoked cannabis for chronic noncancer pain. *Can Fam Physician*. 2014 Dec;60(12):1083–90.

Clearing the Air About Marijuana Use <https://link.cep.health/nmc14>

What You Should Know About Recreational Cannabis <https://link.cep.health/nmc15>

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