Non-Medical Cannabis Resource

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.

**Ask the patient**

“Have you used any form of cannabis in the past?”

**OR**

“To what extent do you, or have you, used cannabis?”

If yes, “approximately, how often do you use cannabis?”

If no, “are you considering using any cannabis products given they are now available legally?”

Consider other questions regarding cannabis use to gain a fuller picture of patients’ use patterns and potential risks to support your counselling and any additional screening for problematic use of cannabis or other substances:

“Do you currently smoke cannabis, or ingest it in other ways (e.g. vaporizer, edibles)”

“Do you obtain your cannabis from a trusted source, and will you be obtaining it from a legal source going forward?”

“Do you know the THC levels in your current cannabis?”

“Do you use cannabis with other substances (e.g. alcohol, tobacco)? Do you use it as a replacement for other substances?”

“Do you use cannabis for a therapeutic reason, like improving your mood or sleep?”

If you are concerned about potential problematic cannabis use, consider screening using the Cannabis Use Disorder Identification Test (CUDIT) or Cannabis Abuse Screening Test (CAST). For more general screening to determine whether patients may be using other substances problematically, consider the CAGE Adapted to Include Drugs for adults or the Brief Screener for Alcohol, Tobacco, and other Drugs or the CRAFFT Screening Tool for Adolescent Substance Abuse for youth.

THERAPEUTIC INTENT
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.

<table>
<thead>
<tr>
<th>Chronic Non-Cancer Pain</th>
<th>Osteoarthritis</th>
<th>Adult Mental Health and Addictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Back Pain</td>
<td>Youth Mental Health</td>
<td>Ontario Pain Management Resources</td>
</tr>
<tr>
<td>Neck Pain and Headache</td>
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**Section B: Benefits/harms for patients using cannabis**

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

### Benefits & harms of cannabis use

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>HARMs*</th>
</tr>
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<tbody>
<tr>
<td>Cannabis is medically indicated as a potential third-line treatment for:</td>
<td><strong>Patients using cannabis may experience:</strong></td>
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<tr>
<td>Refractory neuropathic or palliative pain</td>
<td>Cognitive issues (e.g. impaired memory) NNH = 12</td>
</tr>
<tr>
<td>Chemotherapy induced nausea and vomiting</td>
<td>Disorientation or confusion NNH = 15</td>
</tr>
<tr>
<td>Spasticity in multiple sclerosis and spinal cord injury</td>
<td>Central nervous system effects NNH = 4</td>
</tr>
<tr>
<td>Patients with these conditions may have reduced pain and symptom improvement (i.e. nausea and vomiting or spasticity)</td>
<td>Dizziness NNH = 5</td>
</tr>
<tr>
<td>Little evidence is available about the benefits for other conditions commonly cited for therapeutic non-medical use.</td>
<td>Speech disorders NNH = 5</td>
</tr>
<tr>
<td></td>
<td>Numbness NNH = 4</td>
</tr>
<tr>
<td></td>
<td>Ataxia or muscle twitching NNH = 6</td>
</tr>
<tr>
<td></td>
<td>Some patients may experience serious psychiatric issues, including dissociation or acute psychosis. NNH = 20</td>
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</tbody>
</table>

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

### 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**

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.

**PRECONCEPTION AND MATERNAL HEALTH**

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.

**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.

**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.

**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.

**CANABIS 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](https://www.canadiancannabis.org/drug-impaired-driving-toolkit)

**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).

**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](https://www.camh.ca/en/services-and-programs/cannabis-health-information-and-resources.aspx)
Section C: Managing side effects of cannabis use

**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.

**SIDE EFFECT**

<table>
<thead>
<tr>
<th>SIDE EFFECT</th>
<th>RECOMMENDED TREATMENT</th>
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<tbody>
<tr>
<td>Cannabinoid Hyperemesis Syndrome (CHS)</td>
<td>Current treatment for CHS is abstinence and supportive care for hydration and anti-emesis. For patients presenting with CHS or cyclical vomiting symptoms, recommend patients stop using cannabis.</td>
</tr>
<tr>
<td>New or exacerbated mental health concerns (e.g. depression, anxiety)</td>
<td>Ensure mental health concerns are treated through non-cannabinoid medication and supportive care (e.g. CBT) Advise patients that frequent cannabis use may exacerbate mental health issues.</td>
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<tr>
<td>Respiratory issues</td>
<td>Recommend patients with pre-existing or chronic respiratory issues abstain from cannabis use or consider alternative formulations.</td>
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<tr>
<td>Cardiovascular issues</td>
<td>Advise patients with cardiovascular risk factors or pre-existing cardiovascular events to abstain from cannabis use or consider alternative formulations.</td>
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**Section B Continued: Benefits/harms for patients using cannabis**

**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:

- 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.
Supporting Materials

Drug Free Kids Canada - Cannabis Talk Kit [https://link.cep.health/nmc13](https://link.cep.health/nmc13)

Clearing the Air About Marijuana Use [https://link.cep.health/nmc14](https://link.cep.health/nmc14)

What You Should Know About Recreational Cannabis [https://link.cep.health/nmc15](https://link.cep.health/nmc15)

References


[7] Canadian Nurses Association [Internet]. Harm reduction for non-medical cannabis use [cited 2018 Sept 1].


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