CANNABIS FOR MEDICAL PURPOSES

How to Start the Conversation

How do you begin discussing cannabis as a therapeutic option with your patients? Use this three-step process to help guide the conversation.

AVOID? › ASK & ASSESS › ADVISE & ACT

Generally, AVOID using cannabis if your patient[1]:

- Is under the age of 25*
- Has a strong family history of psychosis or schizophrenia (use with caution if current or past history of anxiety or mood disorder)
- Has a current or past cannabis use disorder or other substance use disorder (e.g., alcohol, benzodiazepine, opioids)
- Is pregnant, planning to become pregnant or breastfeeding
- Has a known allergy to cannabis, THC, CBD or any other cannabinoid

**Cannabis may be used with caution in situations where evidence suggests that benefits outweigh risks, e.g., use of CBD to treat children with drug resistant seizures.*

LEGEND:

Cannabinoids: all therapeutic agents containing cannabinoids

Cannabis: dried cannabis plant material or cannabis-derived extracts with no DIN (e.g., CBD oil)

Prescription cannabinoids: cannabinoid-containing medications with a DIN (e.g., nabilone, nabiximols)

ASK & ASSESS

ASK	& ASSESS
What do you know about using cannabis? How do you feel about it?	General knowledge, pre-existing notions, stigma, other substance use history, potential for dependence; determine if patient is cannabis-naïve.
Why do you think cannabis might be an option for you, and what do you hope to achieve?	Understanding of potential benefits and risks of cannabis for their condition; are their treatment goals Specific, Measurable, Attainable, Realistic, Timely (SMART)?
What else have you tried for your condition?	Optimization of prior pharmacologic and non-pharmacologic therapies and potential for drug interactions. (Cannabis is usually third- or fourth-line adjunctive therapy.)
Is there anything else you would like to know about cannabis?	Comfort level and any other education needs.

ADVISE & ACT

- Determine if cannabinoids are appropriate for this patient at this time
- Make drug therapy recommendations
- Provide education and counselling to the patient or their prescriber
- Monitor therapy and follow-up with the patient

Meet Roberta

Roberta is a 77-year-old female with type 2 diabetes and diabetic neuropathic pain. She has tried many medications for pain with limited benefit and some side effects. Roberta's daughter brings her to the pharmacy to ask some questions about cannabis.

AVOID? There are no current contraindications to using cannabis for Roberta.

ASK & ASSESS

What do you know about using cannabis? How do you feel about it?
"I've never used it, but my daughter thinks I should try it. I already smoke cigarettes though; I don't want to get addicted to something else."

→ Roberta is cannabis-naïve and is concerned about addiction.

› **Consider further assessment of tobacco and substance use (e.g., use CAGE-AID and/or Opioid Risk Tool[2,3])**

Why do think cannabis might be an option for you, and what do you hope to achieve?
"I don't know what it will do, but I trust my daughter. I just want to decrease my burning pain and sleep better."

→ Roberta has no understanding of the effects of cannabis on her condition.

What else have you tried for your condition?
"I am on four different medications, but nothing works and they make me dizzy and tired."

→ It is unclear if Roberta's medication regimen is optimized.

› **Consider performing a medication assessment**

Is there anything else you would like to know about cannabis?
"I'm worried I will react badly to it."

→ Roberta may be more sensitive to the effects of cannabis, particularly THC component, due to her age.

› **Consider low THC product**

ADVISE & ACT

You carry out a medication assessment and determine that Roberta's current pain medications are optimized. She is not a good candidate for opioid therapy for her pain because of her age, other substance use, and her concerns about addiction. You discuss the risks and benefits of cannabis, and recommend that she discuss a trial of a high CBD/low THC oil with her prescriber. You schedule a follow-up appointment with Roberta in one week, and smoking cessation counselling session in two weeks.

! Nabiximols has stronger evidence for the treatment of neuropathic pain than nabilone or cannabis but can be cost-prohibitive. Nabiximols contains THC as well as CBD and nabilone is synthetic THC. Neither choice is optimal when trying to limit THC exposure.

Meet Amar

Amar is a 36-year-old lung cancer patient with uncontrolled chemotherapy-induced nausea and vomiting (CINV) despite being on several antiemetics and trying other non-pharmacologic options. His doctor calls you to discuss a possible trial of cannabis or other cannabinoids. At your suggestion, Amar comes to the pharmacy for a medication assessment.

AVOID? There are no current contraindications to using cannabis for Amar.

ASK & ASSESS

What do you know about using cannabis? How to you feel about it?
"I've never smoked it, but some of my friends do. I've just never been interested."

→ Amar is cannabis-naïve and does not appear to be concerned about stigma.

Why do you think cannabis might be an option for you, and what do you hope to achieve?
"I want to keep my food down and sleep better. My doctor said it might work but we both wanted to see what you thought."

→ Amar's expectations of symptom relief are reasonable. Amar and his doctor both trust your expertise.

What else have you tried for your condition?
"I've tried three medications so far and none of them help."

→ Upon completing a medication assessment, you confirm that Amar has already optimized other antiemetics.

Is there anything else you would like to know about cannabis?
"Not at this point. I'm just frustrated that it won't work either."

→ Amar is skeptical but ready to try something for symptom relief.

ADVISE & ACT

You recommend to Amar and his doctor that the best option for him would be a trial of nabilone. You suggest that he start a dose of 1 mg twice a day the night before his chemotherapy cycle and his doctor writes the prescription. You set up an appointment for Amar to follow up with you a week after he starts the nabilone.

There is some evidence for the effectiveness of cannabinoids as adjunctive treatment for persistent CINV. Of all the cannabinoids, including cannabis, nabilone has the strongest evidence and should be tried first.

This document is only intended to provide evidence-based guidance to clinicians on discussing cannabinoids with their patients and should not replace clinical judgement based on individual patient's needs and circumstances.

For more information, consult CPhA's *Medical Cannabis FAQ* (2017), *Cannabis for Medical Purposes Evidence Guide* (2018) and series of continuing education programs on using cannabis as a therapeutic agent at www.pharmacists.ca/cannabis

References:

1. RxTx Ottawa (ON): Canadian Pharmacists Association; c2018. CPS online: Cannabis; Available from: www.myrxtx.ca
2. CAGE-AID JA Ewing. Detecting Alcoholism. The CAGE Questionnaire. 252(14): *JAMA* 1905-7. 1984.
3. Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. *Pain Med.* 2005;6(6):432

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MEDICAL CANNABIS

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