Cannabis Care Guide for Pharmacists

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Cannabis continues to be used frequently for medical and non-medical purposes. Pharmacists are well positioned to assess patients for the benefits and harms associated with cannabis use, regardless of the reasons for use. This clinical guide helps pharmacists to assess, support and refer patients who use cannabis.

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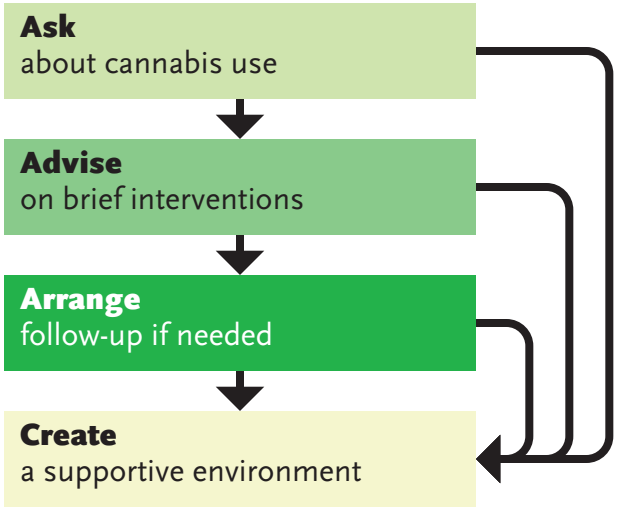
Cannabis Care Guide for Pharmacists INITIAL Consultation



"Many of our patients use cannabis for a variety of reasons. I have some questions and would like to see if I can give you support or information."

Do you currently use cannabis?

☐ Yes

"This consultation will take about 15 minutes. We can pause at any time. Questions will focus on why and how you use cannabis, your medical and medication history and potential risks around your cannabis use."

Proceed to **1. REASON FOR USE**

☐ No

"Are you thinking of starting to use cannabis? Do you have questions?"

☐ No → Continue with usual care.

☐ Yes → Refer to appropriate section to answer questions. Arrange follow-up if needed.

1. REASON FOR USE

a. Let's start with your reasons for using cannabis. What are your reasons for use? (Check all that apply.)

There is limited to moderate clinical evidence for use in adults with:

- multiple sclerosis spasticity/pain
- neuropathic pain

- ☐ Pain
- ☐ Sleep
- ☐ Mood
- ☐ Anxiety
- ☐ Other: _____

_____

- ☐ Recreation

If recreational use *only*, proceed to **3. REGIMEN**

b. What do you hope cannabis will do for you?

- ☐ Provide symptom relief
- ☐ Help me perform tasks/activities
- ☐ Reduce my use of other medications

Comments/other: _____

_____

_____

_____

c. How well is it working?

- ☐ Exceeds expectations
- ☐ Meets expectations
- ☐ Does not meet expectations

Comments: _____

_____

_____

_____

d. Do you have questions or concerns?

_____

_____

_____

"OK, I can answer these questions and will address your concerns."

Proceed to section that links to patient's priority:

- ☐ **2. ACCESS** (p. 3)
- ☐ **3. REGIMEN** (p. 4)
- ☐ **4. RISK ASSESSMENT** (p. 5)
- ☐ **5. DRUG INTERACTION REVIEW** (p. 7)

"There may be opportunities to optimize your cannabis use. On a scale of 0–10, how interested or ready are you to make changes to your current use?"

- ☐ **Arrange** follow-up

If cannabis product is not meeting expectations for the patient's health condition, arrange follow-up to assess product, dose and alternatives.

2. ACCESS

a. Are other providers working with you to manage your cannabis and health concerns?

- ☐ No
- ☐ Primary care (family doctor)
- ☐ Cannabis clinic
- ☐ Specialist
- ☐ Other: _____

b. Do you have a medical authorization?

☐ Yes ☐ No

Prescriber name: _____

Phone: _____

c. Have you discussed these symptoms with your primary care provider?

☐ Yes ☐ No

d. May I share our discussion with your primary care provider?

☐ Yes ☐ No

Medical authorization may not reflect the specific product, dosage regimen or method of administration the patient is using.

e. How else are you managing these health concerns?

☐ Prescription medications:

_____

_____

_____

☐ Non-prescription medications:

_____

_____

_____

☐ Non-pharmacological strategies:

_____

_____

_____

f. Where do you purchase or obtain your cannabis?

☐ Licensed producer:

_____

_____

☐ Ontario Cannabis Store

☐ Family/friend*

☐ Legal storefront

☐ Other: _____

_____

_____

☐ Grow own cannabis

Cannabis from select* sources may not be regulated by Health Canada, which ensures quality by testing for pesticides and contaminants.[1]

g. How do you pay for your cannabis?

☐ Covered by insurance

☐ Cash

Private insurance may cover medically authorized cannabis.[2]

Veterans Affairs Canada reimburses veterans with medical authorization for up to 3 grams per day of dried cannabis or equivalent in cannabis oil.[3]

Licensed producers may have compassionate programs to support payment for medical cannabis.

h. What is the cost per month?

_____

_____

i. Do you have any concerns related to cost?

☐ Yes ☐ No

☐ **Advise:**

"Cannabis is not the first treatment we would use for any medical conditions. If you haven't discussed your health concerns with your primary care provider, I recommend that you follow up with them."

☐ **Advise:**

* *"Obtaining cannabis from legal sources is a safer option. It is important to know about the products you are using."*

Proceed to **3. REGIMEN**

3. REGIMEN

"I have some questions about the cannabis products you are using."

Patients may not know details about their cannabis products. Complete the consultation even if the patient does not answer all of the questions, and offer follow-up if needed.

a. How do you currently use cannabis?

☐ Smoked (joints, bong, pipe, mixed with tobacco)

Smoking is most harmful because it directly affects the lungs.[4]

☐ Vaped (vape pen, vaporizer)
☐ Edible (candy, baked goods, beverages)
☐ Oil (capsules, sublingual, sprays)
☐ Topical (creams, ointments)
☐ Synthetic (K2/SPICE)

Synthetic products are stronger and more dangerous. They may lead to seizures, irregular heartbeat, hallucinations, even death.[4]

☐ Other: _____

_____

_____

b. How often do you use cannabis?

Product: _____

_____

Times per day: _____

Times per week: _____

Product: _____

_____

Times per day: _____

Times per week: _____

c. How much cannabis do you typically use daily?

_____ g (dried flower products, i.e., smoked/vaped)

_____ mL (oils, topicals, beverages)

Other: _____

_____

_____

(# of puffs/joints/bowls/ edibles, etc.)

Recreational daily or near-daily use can increase health risks.[4]

d. What are the THC and CBD strengths of the products you use? Do you have the products here with you?

Product: _____

THC = _____ (%, mg/mL, mg/unit)

CBD = _____ (%, mg/mL, mg/unit)

☐ 1:1 THC:CBD ☐ THC-dominant
☐ CBD-dominant

Product: _____

THC = _____ (%, mg/mL, mg/unit)

CBD = _____ (%, mg/mL, mg/unit)

☐ 1:1 THC:CBD ☐ THC-dominant
☐ CBD-dominant

THC (tetrahydrocannabinol) can produce euphoria/high and analgesic and sedative effects.

Products with high THC content increase risks (cannabis use disorder, trigger for psychosis).

CBD (cannabidiol) may have anti-inflammatory, anxiolytic and anti-nausea effects. It does not produce euphoria/high.[5]

e. Have you tried other cannabis products or cannabinoids?

☐ Nabilone (Cesamet)
☐ Nabiximols (Sativex)
☐ Dried flower
☐ Oil
☐ Edible
☐ Other: _____

_____

_____

_____

Details of past trials:

_____

_____

_____

_____

☐ **Advise** on harm reduction:

☐ Only oil formulations taken orally or sublingually are recommended for medical purposes.
☐ Oral use, sublingual use or vaping are less harmful than smoking.[4]
☐ If you continue to smoke cannabis, avoid inhaling deeply or holding your breath.[4]
☐ Avoid mixing cannabis and tobacco directly together to be smoked or vaped.
☐ For smoking or vaping, consider products containing 9% THC or less.[6]
☐ Limit recreational use to occasional use (e.g., weekends).[4]
☐ Store products securely.

☐ **Arrange** follow-up to support harm reduction and product selection:

"You may not be ready to make a change today, but there are other options. Think about what we have discussed and let's arrange a follow-up."

Proceed to **4. RISK ASSESSMENT**

4. RISK ASSESSMENT

a. "I have some questions to see if there are health risks for you related to cannabis use."

☐ Are you under age 25?

Cannabis use in developing brain is linked to long-term effects on cognition, learning and psychomotor performance.[7]

☐ Are you:

- ☐ Pregnant or planning pregnancy?
- ☐ Breastfeeding?

There are risks related to fertility, fetal growth and development, miscarriage; risks also to infant/child, including symptoms of withdrawal.[7]

☐ Do you have a personal/family history of psychosis?

Cannabis use is associated with episodes of acute psychosis; it may increase risk of psychosis/schizophrenia in people already at risk.[7]

☐ Do you use substances (alcohol, opioids) or have a history of use that resulted in harm?

Cannabis mixed with other substances increases impairment and risks. Previous or current substance use disorder may increase risk of developing cannabis use disorder.[8]

☐ Do you have an anxiety or mood disorder?

Cannabis may trigger short-term anxiety episodes or increase risk of developing depressive or manic episodes.[7]

☐ Do you have medical conditions related to the lungs, heart, kidney or liver?

Cannabis may worsen severe lung, heart, kidney or liver conditions.[7]

b. Do you drive or use cannabis while at work?

☐ Yes ☐ No

How long do you wait to drive after using cannabis? _____

_____

_____

Cannabis impairs the ability to drive or operate other machinery.[4]

it is important to avoid driving for at least 4 hours after inhalation, 6–12 hours after ingestion and 8 hours if the person experienced euphoria/high.[7]

Many people believe their driving improves after using cannabis, but studies show increased risk of motor vehicle accidents.[9]

Using cannabis and alcohol together worsens impairment.[4]

People who use cannabis for medical purposes should not feel impaired on stable doses. You may need to give individualized advice on driving or operating other machinery.

c. Are you experiencing any of these effects?

- ☐ Euphoria / getting "high"
- ☐ Fast heartbeat, change in blood pressure
- ☐ Drowsiness
- ☐ Dizziness
- ☐ Dry mouth
- ☐ Constipation
- ☐ Dry eye, red eye
- ☐ Anxiety, fear, panic, memory problems
- ☐ Cough (if smoking or vaping)
- ☐ Vomiting/hyperemesis
- ☐ Other: _____

_____

_____

_____

Advise the patient to seek medical care if they develop cannabis hyperemesis syndrome.

This rare syndrome is more common in chronic users. It features severe abdominal pain, nausea and vomiting, and requires separate assessment.[7]

4. RISK ASSESSMENT continued on next page

4. RISK ASSESSMENT continued from previous page

d. CUDIT-SF (screen for cannabis use disorder)[10]

How often in the past 6 months:	Never	Less than monthly	Monthly	Weekly	Daily/ almost daily
Did you find you were not able to stop using cannabis once you had started?	0	1	2	3	4
Have you devoted a great deal of time to getting, using or recovering from cannabis?	0	1	2	3	4
Have you had a problem with memory or concentration after using cannabis?	0	1	2	3	4

TOTAL = ☐

If score ≥ 2: Positive screen for possible cannabis use disorder

If score ≤ 1: Provide education on potential risk of cannabis use disorder.

Cannabis use disorder is a formal psychiatric diagnosis with a prevalence of about 30% among cannabis users.[11] It is especially common in people who began using cannabis in adolescence.[7]

☐ **Advise:**

"There are some risks we should discuss based on the information you have shared. Ways to reduce your risk or decrease side effects include lowering your dose, switching products or routes, or discontinuing altogether. I can help you with what you decide."

"Avoid driving or operating machinery for at least 4 hours after inhalation, 6–12 hours after ingestion and 8 hours if you experienced euphoria or got high."

☐ If you suspect cannabis hyperemesis syndrome, advise patient to seek medical care.

☐ **Arrange** follow-up.

"You may not be ready to make a change or stop today, but can we schedule a follow-up to discuss further?"

☐ **Arrange** referral if CUDIT-SF score ≥ 2.

"I would like to share this information with your primary care provider so they can discuss it with you at your next follow-up. If you don't have a primary care provider, are you interested in support to access one?"

Proceed to
5. DRUG INTERACTION REVIEW

5. DRUG INTERACTION REVIEW

"I will review your medications to see if there are any drug interactions with cannabis."

Date reviewed: _____

_____

a. Do you use any of the following medications or substances?

- ☐ Alcohol
- ☐ Opioids
- ☐ Benzodiazepines
- ☐ Gabapentin
- ☐ Other medications causing cognitive impairment: _____

_____

_____

Additive effects include cognitive impairment.[7]

- ☐ Cocaine
- ☐ Amphetamines

Increased risk of tachycardia, prolonged hyperthermic effect. Long-term use may increase risk of CNS impairment.[7]

- ☐ Nicotine products (smoking)

Additive respiratory/cardiovascular effects. Smoking nicotine and cannabis may reinforce smoking behaviour.[7]

b. Do you use other substances or medications not prescribed for you?

☐ No ☐ Yes

_____

_____

Cannabis has many potential drug interactions, some of which are unknown, theoretical or based on anecdotal reports.

In brief:[12]

1) Cannabinoid levels can be increased by other medications (e.g., CYP3A4 inhibitors including ketoconazole, macrolides, verapamil, and CYP2C9 inhibitors including fluoxetine and amiodarone).
2) Cannabinoids can affect levels of other drugs (e.g., CBD inhibits CYP2C19), which increases the effects of drugs such as clobazam, warfarin and tacrolimus).
3) Route of administration matters. Regular smoked cannabis (i.e., > 2 cannabis cigarettes) increases the clearance of drugs metabolized by CYP1A2, including olanzapine and theophylline.
4) Pharmacodynamic interactions can occur with sympathomimetics (e.g., tachycardia, hypertension), CNS depressants (e.g., drowsiness, ataxia) and anticholinergics (e.g., tachycardia, confusion).
5) Pay attention to medications that have significant risks when coadministered with cannabis due to toxicity or ineffectiveness (e.g., theophylline, warfarin, clobazam, olanzapine).

Many interaction checkers include cannabis as a searchable drug, but not all interactions appear on checkers or product monographs given the unclear clinical impact due to multiple confounding factors (type of cannabis product, composition aside from THC and CBD [these may have unknown interactions *], potency, dosing, route of administration).

* The effects of other compounds in cannabis, such as terpenes, are not yet well understood.

THC is primarily metabolized by CYP 2C9, 2C19 and 3A4. THC is an inhibitor of CYP 3A4, 2C9, 2D6 and 2B6.

- CBD is primarily metabolized by CYP 3A4 and 2C19.
- CBD is an inhibitor of CYP 3A4, 2C19, 2D6, 2C8, 2C9, 1A2, 2B6, UGT1A9, UGT2B7 and P-gp.
- Cannabis is a CYP1A2 inhibitor, *but* smoking cannabis can induce CYP1A2.[7,13–16]

The clinical impact of drug interactions with cannabis is an evolving area, and current knowledge is very limited. However, assessment and monitoring are still recommended.

☐ **Advise** if drug interactions are clinically relevant and inform patient if monitoring is required.

"Based on what you have told me, I see some potential interactions with other medications or substances you are using. Increased monitoring, reducing your cannabis use or switching products may help. I can make some recommendations."

☐ **Arrange** follow-up.

Complete an assessment of potential drug interactions after obtaining updated list of medications.

☐ **Arrange** follow-up.

Use this follow-up to support monitoring, decreasing or stopping cannabis use.

Consultation checklist:
Make sure you have completed all sections of this guide:

- ☐ **1. REASON FOR USE** (p. 2)
- ☐ **2. ACCESS** (p. 3)
- ☐ **3. REGIMEN** (p. 4)
- ☐ **4. RISK ASSESSMENT** (p. 5)
- ☐ **5. DRUG INTERACTION REVIEW** (p. 7)

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