# Cannabis Care Guide for Pharmacists

2025

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**Cannabis Care Guide for Pharmacists**

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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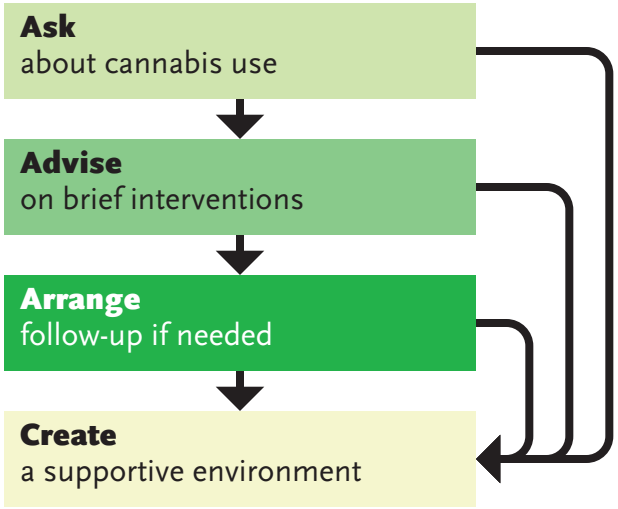
# Cannabis Care Guide for Pharmacists INITIAL Consultation




*"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)

## APPENDIX 1: SUMMARY FOR PATIENT — NEXT STEPS IN YOUR CARE

Today's date: _____

_____

Your appointment today was with:

_____

_____

**a. Today we discussed:**

- ☐ Information about your current cannabis use
- ☐ Ways to reduce your risks related to cannabis
- ☐ Opportunities to make cannabis-related changes to help reach your goals
- ☐ Alternatives to using cannabis to help with:

_____

_____

_____

_____

**b. Your individualized plan related to cannabis:**

_____

_____

_____

_____

**c. We encourage our patients who use cannabis to:**

- ☐ Avoid driving or operating other machinery after using cannabis.
- ☐ Choose vaping or oral options instead of smoking cannabis.
- ☐ Avoid inhaling deeply or holding the breath when smoking cannabis.
- ☐ Choose products containing 9% THC or less. (Ask us, we can guide you!)
- ☐ Avoid synthetic cannabis products (e.g., K2, SPICE).
- ☐ Obtain cannabis from regulated sources (licensed producer, Ontario Cannabis Store).
- ☐ Other: _____

_____

_____

_____

**☐ Please book a follow-up appointment with your primary care provider to:**

- ☐ Discuss the details of your plan related to cannabis.
- ☐ Request a medical authorization for cannabis.

With your permission, I will fax a copy of this summary to your primary care provider.

Name: _____

_____

Fax: _____

_____

Your follow-up appointment at the pharmacy will be in:

____ ☐ weeks/☐ months.

**Follow-up date**: _____

_____

We have finished your initial consultation. If you have more questions, contact us to book a follow-up consultation.

Pharmacy phone number:

_____

_____

## REASON FOR FOLLOW-UP

- ☐ Additional information gathering
- ☐ Screening for cannabis use disorder (CUDIT-SF)
- ☐ Drug interaction review
- ☐ Cannabis cost/coverage/access concerns
- ☐ Cannabis not effective for health concern:
  - ☐ Dose titration
  - ☐ Selection of alternative cannabis product
  - ☐ Assessment & alternatives for medical condition
- ☐ Risks associated with cannabis use:
  - ☐ Harm reduction
  - ☐ Dose taper/discontinuation
  - ☐ Selection of alternative cannabis product
- ☐ Other: _____

_____

_____

_____

## YOUR GOALS

**a. What is your goal related to your cannabis use? Have there been any changes to your goals since our last appointment?**

☐ Yes

☐ No

_____

_____

_____

_____

_____

**b. What would you like to focus on today?**

_____

_____

_____

_____

_____

## YOUR PROFILE UPDATE

**c. Any changes to the condition(s) you were using cannabis for?**

☐ No ☐ Yes: _____

_____

_____

_____

☐ Pain ☐ Sleep ☐ Mood ☐ Other:

_____

_____

_____

**d. Any change to the cannabis products, strength, route, amount, frequency of use?**

☐ No ☐ Yes: _____

_____

_____

_____

**e. What cannabis products are you currently using?**

1. _____

☐ >9% THC ☐ Smoked

_____ (amount/day)

_____ (times per ☐ day / ☐ week)

2. _____

☐ >9% THC ☐ Smoked

_____ (amount/day)

_____ (times per ☐ day / ☐ week)

3. _____

☐ >9% THC ☐ Smoked

_____ (amount/day)

_____ (times per ☐ day / ☐ week)

**f. Any changes to other medical conditions since our last appointment?**

☐ No ☐ Yes: _____

_____

_____

_____

**g. Any changes to other medications?**

☐ No ☐ Yes [medication name]:

_____

Change: _____

Reason: _____

_____

_____

Change: _____

Reason: _____

_____

_____

**h. Any new adverse effects related to cannabis?**

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

_____

_____

_____

## APPENDIX 3: HARM REDUCTION

*"If you plan to continue using cannabis, there are some ways to decrease risks to you and others. On a scale of 0–10, how ready are you to make a change?"* _____

### a. Harm reduction recommendations

- ☐ Use routes other than smoking, ideally oil formulations taken orally or sublingually.
- ☐ Avoid inhaling deeply or holding your breath if you are smoking cannabis.
- ☐ Use products containing 9% THC or less.
- ☐ Avoid synthetic cannabis products.
- ☐ Limit cannabis to occasional use at most if using recreationally.
- ☐ Avoid driving or operating other machinery after using cannabis.
- ☐ Obtain cannabis from a legal source.
- ☐ Securely store cannabis products and devices. Consider a lock box.
- ☐ Other: _____

_____

_____

_____

*"Instead of smoking, you can help reduce your risks of lung damage by vaping or using products orally."*

*"Instead of your current product, a product with less THC can reduce your risk of some harmful effects. I can help you choose a product."*

*"After you use cannabis, avoid driving for as long as the product's effect lasts in your body. This means not driving for at least 4 hours after inhaling cannabis, 6–12 hours after ingesting cannabis and 8 hours if you experienced euphoria or a high."*

### b. Patient's plan

(Include timeframe, e.g., "Patient will switch to using oil product by mouth in the next month. Recommend use of similar products to the one they currently use.")

_____

_____

_____

_____

_____

_____

The patients may need more time to commit to a plan:

*"Take some time to think about what we discussed today, and let's arrange a follow-up to discuss further."*

Or the patient may need to weigh pros and cons:

*"It sounds like you aren't ready today. What would help you feel more ready to make that change?"*

## APPENDIX 4: DOSE TAPER/DISCONTINUATION

**a. Tapering/discontinuation**

☐ Reduce dose by 10% every 1–2 days to minimize withdrawal symptoms.

☐ Discontinue with no taper. This is reasonable if patient is experiencing harms related to their cannabis use. Monitor for withdrawal symptoms and offer support if needed.

Withdrawal symptoms: anger, anxiety, fever/chills, headache, irritability, low appetite, low mood, restlessness, sleep disturbances (nightmares, insomnia), stomach pain, sweating, tremors, weight loss.[8]

Withdrawal symptoms typically start within 1–2 days of discontinuation, peak at 2–6 days and resolve within 1–2 weeks.[8]

**b. Patient's plan** (Include timeframe)

_____

_____

_____

_____

_____

_____

## APPENDIX 5: CANNABIS DOSE TITRATION / PRODUCT SELECTION

Product selection / dose titration
☐ N/A

Current authorization: ☐ Yes ☐ No

Total quantity: _____

Product: _____

### RECOMMENDATIONS
*(in order of preference)*

**a. Product selection**

☐ Trial pharmaceutical cannabinoid product (nabilone, nabiximols). Refer for prescription.

Pharmaceutical cannabinoids are preferred as regulated products with a larger evidence base.

☐ Trial/switch to oil cannabis formulation, oral or sublingual:

- ☐ Trial/switch to high CBD/low THC oil formulation taken orally or sublingually. Suggest maximum THC:CBD ratio of 1:10 for high CBD/low THC product.[17]
- ☐ Trial/switch to balanced CBD:THC (1:1 ratio) oil formulation taken orally or sublingually.

Advise patient of correct volume of oil to administer based on concentration of the product.[18]

Due to limited evidence on dosage and interval, there are no validated dosing recommendations.

**b. Dose titration** (dosing approach example)

☐ Starting doses for CBD may be 2.5–5 mg, once daily in the evening.

- ☐ Titrate dose by 2.5–5 mg CBD every 3 days to minimal effective dose, with maximum dose of 40 mg CBD per day. Dose can be divided 2–4 times per day as needed.[17]
- ☐ Consider adding THC if patient is not reaching treatment goals when CBD dose reaches 40 mg per day.[17] Maintain CBD dose while adding THC.

☐ Starting doses for THC may be 1–2.5 mg THC, once daily in the evening.

- ☐ Titrate dose by 1–2.5 mg THC every 5 days to minimal effective dose, with maximum dose of 40 mg per day. Dose can be divided 2–4 times per day as needed.[17]

Younger, experienced users may tolerate the higher range. Inexperienced users, older adults or patients with comorbidity or polypharmacy may only tolerate 2.5 mg CBD or 1 mg THC.[3,18]

☐ Once stable on minimal effective dose, consider switch to capsules for convenience. Maintain the same doses of THC and CBD when making the switch.

Bioavailability may vary when switching to capsules. Educate patient on potential for change in effects and difficulty in titrating with capsules.

**c. Patient's plan** (Include timeframe)

_____

_____

_____

_____

_____

_____

**Tips for product selection**

- Combining CBD with THC can reduce THC-mediated side effects.[19]
- Oil formulations are preferred because they are easier to titrate and have more constant absorption and bioavailability.
- Edibles are not preferred due to lack of standardization and large variability in absorption and bioavailability.
- Vaping is not preferred due to variability in absorption and bioavailability from inhalation, as well as lack of long-term safety data and concerns about vaping-related harms.
- Many people believe there are therapeutic differences between indica, sativa and hybrid strains, but there is no evidence to guide product selection based on plant strain.[8]
- It is unclear if systemic absorption occurs with topical cannabis products. There are currently no such products with a DIN that have been approved by federal health regulators.[8]

**Tips for dose titration**

- Finding the right therapeutic dosage is an individualized process for each patient.
- Euphoria or getting "high" is not required for effective symptom management.
- Use a "start low and go slow" titration schedule with careful assessment in collaboration with patient and prescriber.[18]
- Consider restarting titration when switching products or licensed producers because effects may vary even when THC and CBD content appear identical. Cannabis products are not interchangeable.

**Bioavailability**

- Bioavailability of inhaled products (15–50%) is greater than for oral products (6–20%).[7,8]
- Onset of action is delayed with oral vs. inhaled; wait 30–60 minutes to determine onset; peak effects occur within 2–4 hours.[7]

For a patient using inhaled THC 10%, a 0.5 g joint may provide 7.5–25 mg THC. An oral dose of 10 mg (e.g., 1 mL of a 10 mg/mL product) would likely provide 0.6–2 mg THC. Oral ingestion typically requires a 2.5-fold increase in daily amount consumed compared with inhaled.[7]

However, dose conversion is unreliable between dosage forms and different products, so titrate gradually.

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