

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?”

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 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.*

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

b. Patient's plan (Include timeframe)

* Health Canada. (2018). *Information for Health Care Professionals: Cannabis (Marihuana, Marijuana) and the Cannabinoids*. www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabiscannabinoids.html

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.¹⁴ 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 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.

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

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.