



Guide to Navigating Cannabis Use in Family Practice

Developed by Residents for Residents

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The **Guide for Improvement of Family Medicine Training (GIFT)** provides recommendations to family medicine residency programs to enhance aspects of the curriculum, based on a topic identified by the College of Family Physicians of Canada™ (CFPC) Section of Residents (SoR) Council. GIFT 2021 provides a practical approach to addressing cannabis use in family practice using relevant evidence-based guidelines.

Rationale

Cannabis use is highly prevalent amongst Canadians, with one in four people reporting use in the past 12 months.¹ Family physicians are well positioned to initiate patient-centred conversations about cannabis, but many are not comfortable with how to approach the topic.² Cannabis is more accessible than ever since the initiation of the Cannabis Act in 2018, yet family medicine training in Canada has not integrated formal learning objectives about cannabis use.³

According to a 2021 survey by the CFPC's SoR (unpublished data), 87.6 per cent of family medicine residents across Canada are not confident entering independent practice with their current knowledge of cannabis. An overwhelming 95.4 per cent of residents believe their program does not have adequate teaching, and 78.9 per cent feel training should be mandatory in all programs. This identifies a clear gap in training, and this GIFT 2021 tool aims to provide an initial step to aid in practice.

Recommendations*

- This GIFT tool offers a practical approach for residents to use as a guide when addressing cannabis use with patients
- Every family medicine program in Canada should develop its own cannabis-related curriculum based on population needs and reflecting provincial standards of practice
- Each department of family medicine should incorporate learning objectives regarding cannabis use into existing academic activities, with up to date information to support the ongoing research and evidence-based recommendations in the field
- Curriculum topic suggestions based on resident feedback in the CFPC's SoR 2021 survey (unpublished data) include:
 - Screening and surveillance of cannabis use and cannabis use disorder in all patients, as well as treatment of cannabis use disorder
 - Appropriate indications and off-label use of cannabis
 - Risks, adverse effects, contraindications, and common interactions of cannabis use
 - Safe authorization and dosing of cannabis (the CFPC guidance document highlighted in Useful Resources provides an excellent starting point)

*This tool is based on evidence reviews/data from 2021. Readers should always ensure they are up to date with the latest evidence based reviews.

A Practical Guide to Cannabis in Adults in Family Medicine

Notes:

1. "Cannabis" refers to a complex compound that can have varying concentrations of greater than 100 cannabinoids. Evidence is unclear regarding the benefits or adverse effects of specific concentrations. Best practice is to proceed cautiously and systematically with each patient.
2. This tool does not address conversations about cannabis use with children, or with people with cannabis use disorder.

Screening/surveillance of cannabis use among patients—opening the conversation

- Screen opportunistically at yearly intervals, at minimum
- Route: inhalation, oral-mucosal, ingestion, or topical⁵
- Why: recreational versus therapeutic⁵
- Assess for psychiatric disorders, substance use disorders, and cannabis use disorder (CUDIT-R)⁶
- Assess if use is one of the evidence-based indications
- Identify possible drug interactions
- Safety concerns for driving and heavy machinery: wait at least 6 hours if inhaled, at least 8 hours if ingested,⁷ consider up to 24-hour delay for safety sensitive work⁸
- Reassess every three months (effect on condition, side effects, cannabis use disorder, new interactions)

Risks/adverse effects of cannabis use⁷:

- Cognitive issues
- Dizziness
- Low blood pressure
- Speech disorders
- Numbness
- Ataxia or muscle twitching
- Dissociation or acute psychosis
- Adverse respiratory effects
- Cannabinoid hyperemesis syndrome
- Cannabis use disorder

Contraindications of cannabis use/not recommended in⁹:

- Pregnancy, elderly, youth
- Anxiety
- PTSD
- Insomnia
- Psychotic disorders
- Bipolar disorder
- Cardiovascular disease
- Respiratory comorbidities
- Concomitant substance use

THC= tetrahydrocannabinol, CBD= cannabidiol,
MS= multiple sclerosis, PTSD= post-traumatic stress disorder,
CUDIT-R= Cannabis Use Disorder Identification Test-Revised,
HTN= hypertension, CNS= central nervous system

Indications for medical cannabis

- Cannabinoids are only advised if patients have failed to respond to standard treatments⁴
- Evidence-based⁴:
 - Chronic neuropathic pain
 - Palliative cancer pain
 - Spasticity (due to MS or spinal cord injury)
 - Nausea and vomiting due to chemotherapy

Common interactions of cannabis¹⁰:

- Metabolized by CYP3A4
 - E.g., levels increased by ketoconazole, macrolides, verapamil
- Inhibits CYP2C19
 - E.g., increases levels of clobazam, high INRs with warfarin
- Increases clearance of drugs metabolized by CYP1A2
 - E.g., Olanzapine
- Additive effect with sympathomimetics (tachycardia, HTN), CNS depressants (drowsiness, ataxia), anticholinergics (tachycardia, confusion)

Safe dosing of cannabis: start low go slow

- Cannabinoids are the active medicinal ingredient in cannabis
 - THC causes a psychoactive effect
 - CBD may offer therapeutic benefit in combination with THC
- Prescription cannabinoids (nabilone, nabiximols) have predictable strengths of THC and CBD and established safety data
- Herbal cannabis has varying potencies and ratios of THC and CBD
- Recommend referencing published guidelines to aid in specific dosing^{4,9,11,12}

Useful resources

- College of Family Physicians of Canada: *Guidance in Authorizing Cannabis Products within Primary Care*
- Canadian Public Health Association: **Cannabasics**
- Centre for Addiction and Mental Health: *Canada's Lower- Risk Cannabis Use Guidelines*
- Government of Canada: **Cannabis in Canada**
- *Canadian Family Physician*: **Simplified guideline for prescribing medical cannabinoids in primary care**
- Centre for Effective Practice: **Non-Medical Cannabis Resource**
- *Journal of Cannabis Research*: **Consensus recommendations on dosing and administration of medical cannabis to treat chronic pain: results of a modified Delphi process**

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