



Helping patients manage cannabis dependencies

PANELISTS

Dr. Meldon Kahan • Dr. Suzanne Turner

WITH

Dr. Stephanie Zhou



Ontario College of
Family Physicians

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Family & Community Medicine
UNIVERSITY OF TORONTO

September 27, 2023

Practising Well: Your Community of Practice

Please introduce yourself in the chat!



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures



Dr. Meldon Kahan

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- META:PHI (funded by Ontario Ministry of Health)



Dr. Suzanne Turner

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

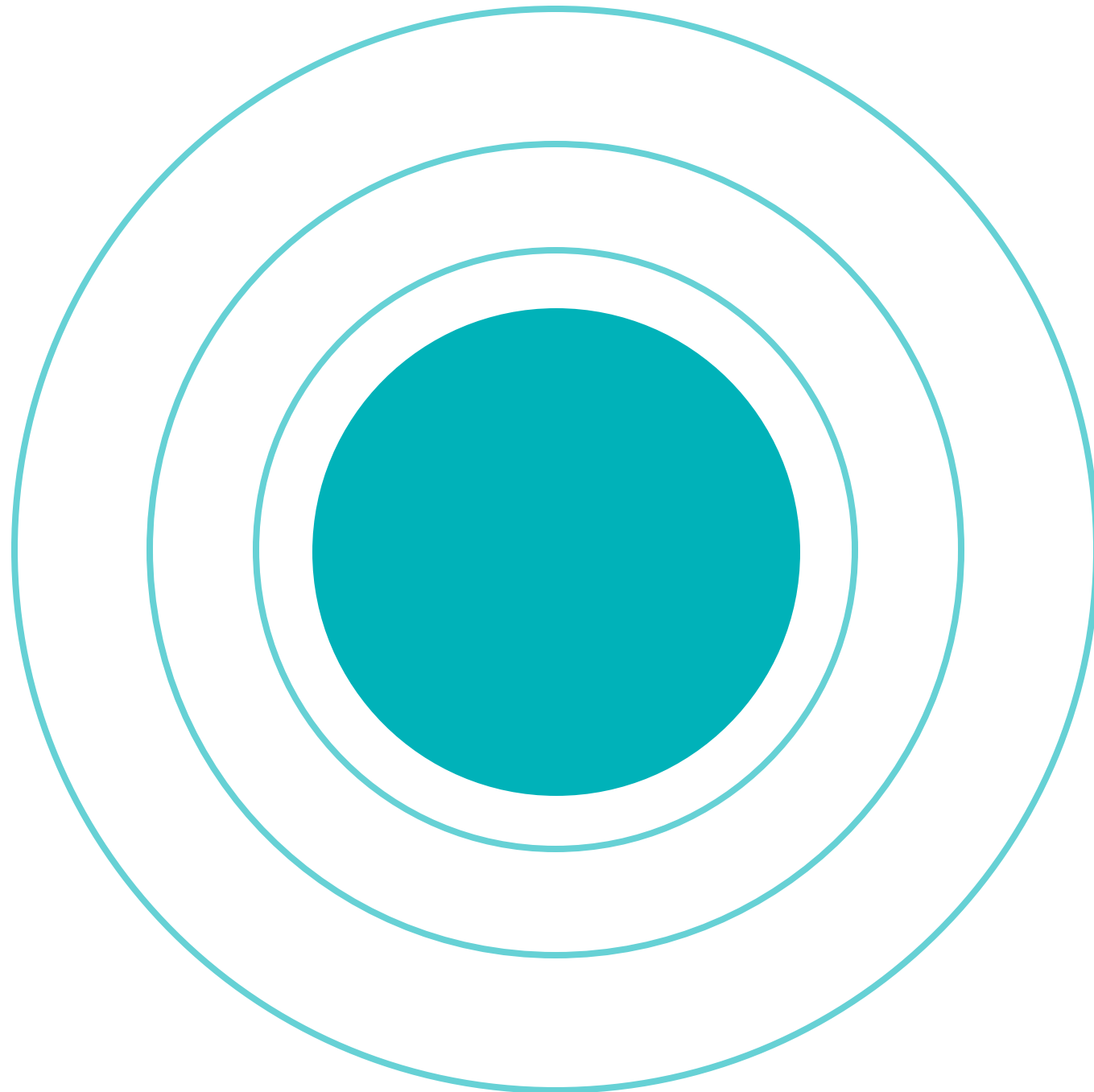
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.





Helping patients manage cannabis dependencies

You raised important questions we'll try to work through together today:

1. **Cannabis Addiction Management:** This involves employing strategies, counseling, evidence-based medications, and motivational interviewing to address addiction and dependency.
2. **Youth and Risk Awareness:** Tailoring resources for individuals aged 20-30, counseling them about cannabis risks, and discussing these risks with children, teens, and young adults.
3. **Medical Cannabis Transition and Risks:** Utilizing medical cannabis for pain management, facilitating a transition from street cannabis, and addressing risks, side effects, and harm reduction.
4. **CBD, THC, and Underlying Issues:** Comparing the benefits of CBD and THC, reducing usage and associated harm, while addressing underlying mental health difficulties and co-morbidities.
5. **Diagnosis, Communication, and Support:** Engaging in clear discussions about Cannabis Use Disorder (CUD) diagnosis, enhancing communication and referrals, identifying indications for medical cannabis, and implementing plans to manage cravings and ease discontinuation.

And other questions you add in the Q&A box...





Helping patients manage
cannabis dependencies

Your Panelists



Dr. Meldon Kahan
Toronto, ON



Dr. Suzanne Turner
Hamilton, ON

Helping patients manage Cannabis Use Disorder

M Kahan MD CCFP FRCPC

Practicing Well Community of Practice

Ontario College of Family Physicians

September 27, 2023

Cannabis harms and legalization

- National Cannabis Survey (Fischer 2021): daily use among youth - 16.3%
- Since legalization, cannabis use, and cannabis-related ED visits and psychiatric hospitalizations, have increased among Canadian youth (Myran 2022, Gobbi 2019, Augur 2021)
- Cannabis use associated with increased risk of anxiety, depression, suicide attempt, and psychosis
- Auger N(1), Luu TM, Ayoub A, et al. *J Addict Med*. 2021 May-Jun 01;15(3):245-247
- Fischer B, Lee A, Robinson T, et al. *Subst Abuse Treat Prev Policy*. 2021 Oct 7;16(1):77. doi: 10.1186/s13011-021-00405-7. PMID: 34620191; PMCID: PMC8496143.
- Gobbi G, Atkin T, Zytynski T, et al. *JAMA Psychiatry*. 2019 Apr 1;76(4):426-434.
- Myran DT, Pugliese M, Tanuseputro P et a;/ *Addiction*. 2022 Jul;117(7):1952-1960.

Why has legalization increased cannabis use?

- Legalization has created the public perception that cannabis is safe
- The medical cannabis industry has made misleading claims that cannabis is an effective therapy for pain, anxiety, insomnia
- Proliferation of cannabis stores has made recreational cannabis convenient and inexpensive
- Cannabis products can have THC concentrations of 20% or more
 - Risk of addiction, psychosis etc. related to THC dose
- Legalization has strengthened the illicit cannabis market
 - Illicit market has responded to legal market by lowering its prices

Identification of cannabis use disorder in youth

- Ask parents of adolescents and young adults how their children are doing
- If the parents report that their child is functioning poorly at school or work, and/or suffering from anxiety, depression, ask about cannabis use
- If the parents report that their child uses cannabis regularly, offer to assess the adolescent/young adult
 - Alone, unless they want their parents present

Clinical features of cannabis use disorder

- Daily or almost daily smoking
 - Ask about amount (number of joints) and THC % if known
- Poor performance at work, school
- Spends a lot of time smoking and engaging in non-productive activities
- Reports depression, anxiety
- Unable to abstain from cannabis use for more than a few days
 - Cannabis withdrawal: Severe anxiety, dysphoria – flooding of emotions

Approach to the interview

- The youth may dismiss any suggestion that cannabis is harming them
 - “It’s just a herb, it helps my anxiety and depression”
- Best not to argue, but emphasize that:
- Cannabis can temporarily relieve anxiety and depression, but heavy daily use can make overall mood and function much worse
- Stopping cannabis often causes marked and rapid improvements in mood and function
- There are medications and counselling approaches that can help people stop using

Management

- If the youth says they have no intention of stopping or reducing: Share resources with the youth and parents, and offer assistance if and when the youth wants it
- If youth is interested in reducing/stopping cannabis use, you can provide follow-up, counselling and medications, especially if:
 - You have a good relationship with the patient
 - There are no serious concurrent psychiatric or behavioural problems
- If there are serious concurrent problems, consider referral (see later slide)

Counselling by family physician

- Mainly encouragement and coaching:
- You will feel better if you stop smoking
- Keep busy with activities
- Get support from family and friends
- Don't give up – it's worth it
- Strategies to cut down (if abstinence is too difficult):
 - Switch to lower potency THC – higher potency CBD
 - Limit number of joints per day
 - Have 1-3 days abstinence/week
 - Don't mix with alcohol or other drugs
 - Don't inhale deeply

Medications for Cannabis Use Disorder

- Nabiximols (Sativex) – probably the most effective
 - A buccal spray, 2.5 mg THC and 2.5 mg cannabidiol (CBD) per dose
 - Patients may need 12 or more sprays per day
 - Expensive but some patients will be willing to purchase
- Other medications:
- N-acetylcysteine – over the counter anti-oxidant, regulates glutamate transmission
- One RCT used 2400 mg/day in patients with CUD and depression
- Gabapentin – stabilizes mood
- Nabilone – acts on the cannabis receptors

Services for youth with cannabis use disorder

- Youth Wellness Hubs serving 22 communities in Ontario
 - Low barrier, “one stop” access to mental health and substance use services
- Youth substance use programs (eg Hospital for Sick Children in Toronto)
- RAAM clinics
- CONNEX Ontario website is a useful resource for parents
- Parents can call or e-mail or chat with a patient navigator



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Cannabis in Pregnancy & Lactation

Harm Reduction

Brief Intervention

Suzanne Turner MD, MBS, CCFP(AM), DABAM
Practicing Well Community of Practice
Ontario College of Family Physicians
September 27, 2023





Peripartum Cannabis Use →

- Peripartum cannabis use based on self-reports and toxicology varies from 1-8%
- Canada legalized cannabis in 2018 to better control its potency, price and safer consumption
- There were concerns about increased use, including during pregnancy
 - Use in the general population, including during pregnancy, has been increasing over the past decade
 - In ON, increases were predominately among women of younger ages and those of lower SES
 - Pregnant women who use cannabis in BC are younger and more likely to use alcohol, tobacco, and illicit substances and to have a history of mental illness
 - Acute care presentations to hospital for cannabis related harms in pregnancy doubled (ie hyper-emesis syndromes) after legalization

Cannabis & Pregnancy

Campolongo P, Trezza V, Ratano P, Palmery M, Cuomo V. Developmental consequences of perinatal cannabis exposure: behavioral and neuroendocrine effects in adult rodents . Psychopharmacology (Berl). 2011 Mar;214(1):5-15.

THC crosses placenta

CB1 receptor

- Role in normal human brain development
- CB1 in brain @ GA 14w
- CB1 receptors on placenta



Survey Says ...



Most women (99%) indicated that cannabis legalization did not influence their choice to use cannabis in pregnancy



The proportion of pregnant women who understood that cannabis could be transmitted to the fetus and to the infant via breastmilk was high

But 4.2% of women reported that they continued to use cannabis in pregnancy



Women who continued to use cannabis during pregnancy:

Often perceived no general/pregnancy-specific risk compared to nonusers
Were more likely to report receiving information on cannabis from a health care provider (52%) than those who discontinued use (35%)



Survey Results & Conclusions:



Lack of communication with health care providers regarding the health aspects of cannabis was evident

Women perceived this lack of counseling as an indication that adverse outcomes associated with cannabis use are not significant

More work is needed to understand why some women continue to use cannabis in pregnancy despite being informed of its risks

Bayrampour H, Zahradnik M, Lisonkova S, Janssen P. Women's perspectives about cannabis use during pregnancy and the postpartum period: An integrative review. *Prev Med.* 2019 Feb;119:17-23. doi: 10.1016/j.ypmed.2018.12.002. Epub 2018 Dec 12. PMID: 30552948.



WHY DO WE CARE ABOUT THC EXPOSURE IN PREGNANCY AND LACTATION?



FETAL GROWTH EFFECTS



Generation R

- Growth restriction: T2/T3
- Lower birth weight
- Dose response effect present



MHPCD

- Decreased length at birth (T1)



Warshak (retrospective)

- Chronic exposure (weekly at least) increased risk for SGA <2.5 kg baby (OR 1.3)



CANNABIS IN PREGNANCY

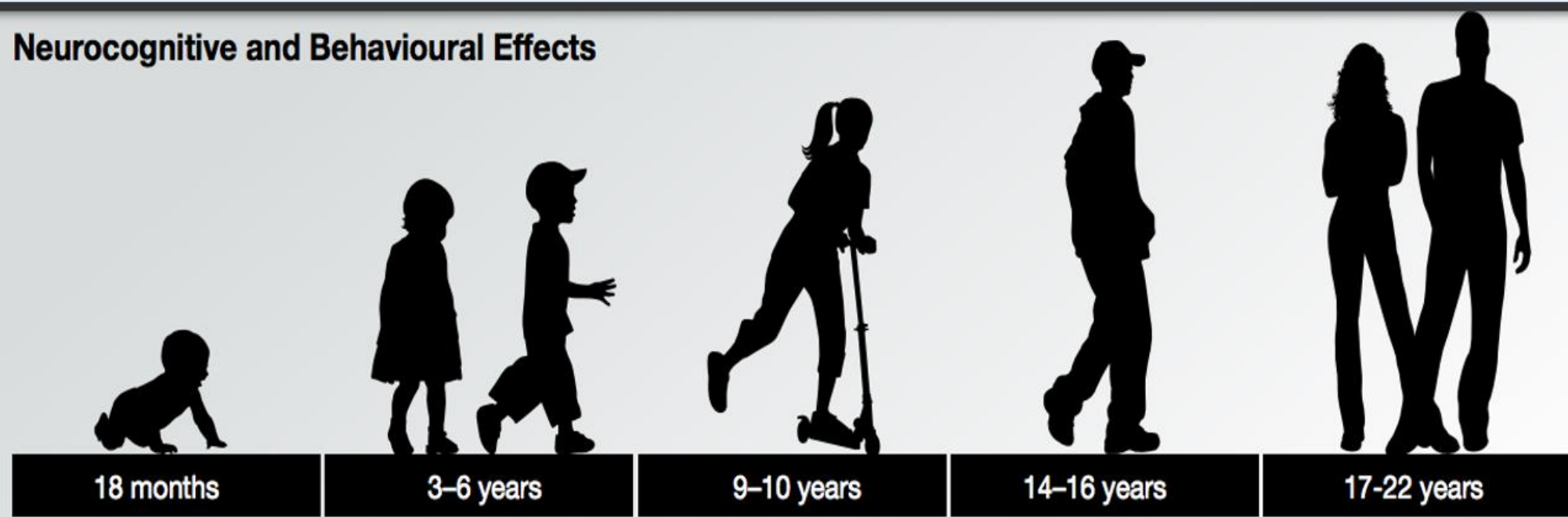
Three Prospective Longitudinal Cohort Studies

- Ottawa Prenatal Prospective Study (OPPS)
- Maternal Health Practices and Child Development Study (MHPCD)
- Generation R

Studies initiated in Pregnancy
Following children longitudinally
Adjusted for concurrent substances
Caution in interpretation Increasing THC



Neurocognitive and Behavioural Effects



Increased aggressive behaviour^c
 Attention deficits (females)^c

- Deficits in:
- Verbal and perceptual skills^{ab}
 - Verbal reasoning^{ab}
 - Visual reasoning^{ab}
 - Verbal and quantitative reasoning^b
 - Short-term memory^{ab}
- Hyperactivity^{ab}
 Attention deficits^{ab}
 Impulsivity^{ab}
 Impaired vigilance^b

- Deficits in:
- Abstract and visual reasoning^{ab}
 - Executive functioning^{ab}
 - Reading^{ab}
 - Spelling^{ab}
- Hyperactivity^{ab}
 Attention deficits^b
 Impulsivity^b
 Depressive and anxious symptoms^b

- Deficits in:
- Visual-cognitive functioning^a
 - Academic achievement^b
 - Information processing speed^b
 - Visual motor coordination^b
- Delinquency^b

- Deficits in:
- Executive functioning^a
 - Response inhibition^a
 - Visuospatial working memory^a
- Smoking^{ab}
 Substance use^{ab}
 Early initiation of substance use^{ab}

^aOPPS ^bMHPCD ^cGeneration R





guideline



RECOMMENDATION

The effects of prenatal cannabis exposure on long-term outcomes through to childhood, adolescence, and adulthood have not been conclusively defined, but recent data suggest that there are persistent neurocognitive effects into adulthood (moderate).

Keep In Mind:

Literature is variable, but the prudent choice is to avoid marijuana use while breastfeeding
Organizations that do not support breastfeeding with marijuana use are: ACOG, MOTHERISK, ABM, AAP, SOGC

ACOG statement: "There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged."

Possible increased risk of SIDs that may vary with amount in breastmilk and method of use (smoking vs. edibles)



guideline



RECOMMENDATION

There is little data available to inform decisions about cannabis use during breastfeeding (low).

Given the evidence, the safest option is to avoid cannabis use during pregnancy and breastfeeding (moderate).



HARM REDUCTION AND CANNABIS?



Harm Reduction: Lower Risk Cannabis Guidelines



Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, 107.

How Is Cannabis Used?

Cannabis can be inhaled, ingested or applied topically. Legally sold cannabis products will be marked with a label, which will have the amount of THC and CBD they contain and health warnings listed.



WARNING: The effects from eating or drinking cannabis can be long-lasting. The effects can last between 6 and 12 hours following use.

MISE EN GARDE : Les effets de la consommation de produits comestibles à base de cannabis peuvent être de longue durée. Les effets peuvent durer de six à douze heures après la consommation.

1

Inhalation

Dried cannabis and some cannabis extracts can be smoked in a joint, a pipe or a bong, or vaporized (“vaped”) using an electronic vaporizer.

Effects can be felt within **seconds to a few minutes** and last up to **six hours** after use, with some effects lasting up to **24 hours**.

Start with no more than 100 milligrams per gram (10%) of THC and an equal or higher amount of CBD, and take no more than one or two puffs.

2

Ingestion

Edible cannabis products, such as cannabis-infused food and drinks, and cannabis oils are consumed through eating and drinking. Cannabis oral sprays and tinctures are extracts that are placed under the tongue or in the cheek.

Effects can take up to **four hours** to appear and can last up to **12 hours** after use, with some effects lasting up to **24 hours**.

Start with an edible that has no more than 2.5 milligrams of THC and an equal or higher amount of CBD.

3

Topical Application

Cannabis topicals such as oils and creams are applied to the skin, hair or nails. These products may be marketed for medical (managing pain, arthritis, etc.) and cosmetic purposes (skin, nail and hair care). Presently, there is no scientific evidence to support their effectiveness.

Avoid applying cannabis topicals to damaged or broken skin or getting any in the mouth or eyes.

Can I Use Cannabis If I’m Taking Medication?

Cannabis can interact with your medications and affect your health. Medications that can interact with cannabis include:

- Pain medications
- Heart medications and blood thinners
- Sleeping pills
- Anti-depressants and anti-anxiety medications
- Antibiotic and antifungal medications
- Allergy, cold and flu medications
- Heartburn medications
- Anti-seizure medications
- Drugs to treat HIV/AIDS
- ADHD medications

Talk to your healthcare provider if you’re considering using cannabis for medical or non-medical purposes.



CANNABIS & CHRONIC PAIN AS AN ADDICTION MD?



Cannabis & Chronic Pain & CUD



- Chronic pain, nausea and vomiting, and spasticity most evidence-based (Allan, 2018)
- 3000,000 Canadians access medical cannabinoids: 1000% inc between 2015-2021
- **Daily/near daily cannabis increases risk of CUD**
- What does that mean for those using cannabis for pain?
 - Chronic pain independent risk factor for CUD (compared to those with no chronic Pain) (Mannes, 2023)
 - Highest risk of ≥ 2 pain dx
 - Inc risk ≥ 65
- **High THC exposure increases risk of CUD (Shim, 2023)**
- The average daily dose of dry cannabis from: 2.5 g / day
- **No % THC available, but based on catalogs: average 20% THC (> 80% of available sales)**

Allan GM, Ramji J, Perry D, Ton J, Beahm NP, Crisp N, Dockrill B, Dubin RE, Findlay T, Kirkwood J, Fleming M, Makus K, Zhu X, Korownyk C, Kolber MR, McCormack J, Nickel S, Noël G, Lindblad AJ. Simplified guideline for prescribing medical cannabinoids in primary care. *Can Fam Physician*. 2018 Feb;64(2):111-120.

Mannes ZL, Malte CA, Olfson M, Wall MM, Keyes KM, Martins SS, Cerdá M, Gradus JL, Saxon AJ, Keyhani S, Maynard C, Livne O, Fink DS, Gutkind S, Hasin DS. Increasing risk of cannabis use disorder among U.S. veterans with chronic pain: 2005-2019. *Pain*. 2023 Sep 1;164(9):2093-2103.

Shim M, Nguyen H, Grootendorst P. Lessons from 20 years of medical cannabis use in Canada. *PLoS One*. 2023 Mar 23;18(3):e0271079.



CANNABIS: BR INTERVENTION



THE THREE A'S



awareness

Awareness raising (through discussion of risks) and assessment/identification of readiness for change;



advice

Advice including provision of written materials (or web links), and discussion of strategies for reducing or eliminating problematic alcohol use; and



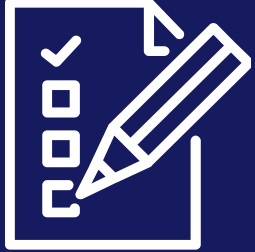
assistance

in the form of eliciting ideas about change strategies; supporting/enhancing readiness; goal setting to reduce or eliminate alcohol use; positive reinforcement; and/or referrals to supportive services.



Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Type	Link
Mental Health & Addiction Treatment Services	Health Services Information	https://www.connexontario.ca/en-ca/
Youth Wellness Hubs Ontario	Social Services	https://youthhubs.ca/en/
Non-medical Cannabis Resource	Resources	https://tools.cep.health/tool/non-medical-cannabis-resource/
Cannabis, Public Health Ontario	Information	https://www.publichealthontario.ca/en/diseases-and-conditions/mental-illness-substance-use/cannabis
Cannabis Resources, Canadian Medical Association	Policies and Guidelines	https://policybase.cma.ca/list?q=setName%3A%28Cannabis%29%20&p=1&ps=20
Cannabis and your health: 10 ways to reduce risks when using	Patient Resources	https://www.canada.ca/en/public-health/services/publications/drugs-health-products/cannabis-10-ways-reduce-risks.html
Canadas Lower Risk Guidelines – Cannabis	Harm Reduction Guidelines	https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf
Useful tips about safer ways to use cannabis	Youth Resources	https://www.camh.ca/-/media/images/all-other-images/research-lrcug-for-youth/lrcug_for_youth-eng-pdf.pdf
Cannabis Use Throughout Women's Lifespans - Part 2: Pregnancy, the Postnatal Period, and Breastfeeding	Practice Guideline	https://pubmed.ncbi.nlm.nih.gov/35400521/
A Guide to Cannabis for Older Adults	Guideline	https://www.ccsa.ca/sites/default/files/2020-07/CCSA-Cannabis-Use-Older-Adults-Guide-2020-en.pdf
SOGC Handout on Cannabis in Pregnancy	Handout	https://www.pregnancyinfo.ca/wp-content/uploads/2019/02/CannabisFactsheetEN.pdf

Access more **substance use and addiction** tools and resources through the OCFP's **Clinical Tools & Resources repository**.



Access Tools and Resources

Resources

Education



Links to resources shared today will be sent to participants following the session.

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 38 Mainpro+ credits.



For more information and to participate:

<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/practising-well-community-of-practice/practising-well-cop-self-learning-program>

Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



Mentorship Program - Connect with a Peer Guide!

An opportunity to partner with another family physician, **one-to-one or in a small group**, for support as you **explore clinical complexity and increase your confidence** caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.

<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/peer-connect>



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Counselling and Psychotherapy in Family Medicine is accepting applications for September 2023. Learn how to integrate counselling and psychotherapy into your own practice through interactive, small group learning.

Designed for family physicians, this intensive program introduces approaches and techniques to provide effective office counselling and psychotherapy for individuals, couples, and families.

Program Dates:

- September 29-October 1, 2023
- November 17-19, 2023
- January 19-21, 2024
- March 1-3, 2024
- May 3-5, 2024

[Register Now](#)



Family & Community Medicine
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Resources

Supports



Links to resources shared today will be sent to participants following the session.

Supporting Family Doctors Through Respiratory Illness Season

Information to help Ontarians stay healthy

Information for Physicians

Information for Patients

<https://www.ontariofamilyphysicians.ca/education-practice-supports/respiratory-illness-season-tools-and-resources>

Respiratory Illness Season Tools and Resources

This respiratory illness season, the OCFP is sharing tools and resources to help family doctors and patients.

Respiratory Illness Tools and Resources

Find current information on vaccines, IPAC reminders, planning for high-risk groups to access antivirals, and patient education on caring for illness at home.

Tools and Resources for Family Doctors

Screening Tool

This tool will help you screen patients for respiratory symptoms to ensure high-risk patients have timely access to antiviral treatments.

Screening for Symptoms of Respiratory Illness

Patient Education

Share these tips and resources on vaccines, antivirals and when and where to seek care.

Tools for Patients

Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

Addressing patients with personality disorder
with Dr. Jon Davine, Dr. James Goertzen, and Nicole Profous

October 25, 2023
8:00am – 9:00am

[Register Now](#)

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.