Cannabis In Canada – Implications For Health Care Professionals

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North American Cannabis Summit January 2019
Cannabis in Canada: Implications for Nursing

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Conflicts of Interest/Disclosures

- Conflicts: No personal conflicts of interest to declare
- Disclosure: I am a Research and Policy Advisor at the Canadian Nurses Association
- Ethical concerns: N/A
10 provinces | 3 territories | 6 time zones | population of 37 million

281,373 Registered Nurses | 4,967 Nurse Practitioners
5,651 Registered Psychiatric Nurses | 106,854 Licensed Practical Nurses/Registered Practice Nurses
The Canadian Nurses Association (CNA) is the national and global professional voice of Canadian nursing, representing more than 139,000 registered nurses and nurse practitioners in Canada.

CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded, not-for-profit health system.
October 2018: Non-medical cannabis was legalized in Canada
CNA’s national nursing leadership on cannabis in Canada focuses on two key areas:

- The role of the registered nurse and nurse practitioners
- Contribution and preparation for the legalization of non-medical cannabis
Non-Medical Cannabis

• CNA approach:
  – Harm reduction focus
  – Need for separate medical/non-medical systems
  – Need for robust public/provide education
  – Nurses need to be prepared to provide cannabis-related education
  – Reducing stigma/bias
Preparing for legalization

- Resource development
- Knowledge dissemination – Webinars, presentations
- Parliamentary briefs & appearances
Assessing Knowledge & Beliefs

- Public Polling – Nanos Research August 2017
- 8 out of 10 Canadians rate themselves as knowledgeable or somewhat knowledgeable about the effects of cannabis
- 9 out of 10 Canadians support or somewhat support nurses educating Canadians on the risks of non-medical cannabis use
CNA National Survey of Nurses

- Two month survey (July – Sept 2017)
- Approximately 1000 nurse respondents from across all jurisdictions
  - Assessed:
    - readiness for legalization
    - knowledge gaps
    - resources needed
    - nursing input on Bill C-45
Nurses reported stigma and bias as the biggest barriers to initiating conversations about cannabis use. Only about half of nurses report they are knowledgeable on the risks and harms of non-medical cannabis use.
Topic-specific assessment

- Cannabis use and the developing brain
- Cannabis use during pregnancy
- Cannabis use and addictions
- Cannabis use and mental health risk factors
- Health risks attributed to methods of consumption
Nurse identified needs

• Additional information on:
  – Medical cannabis
  – Non-medical cannabis
  – Reducing harms of use
  – Addressing stigma/bias
Cannabis Think Tank

- Health Canada funded
- March, 2018
- 32 participants
- Pan-Canadian, in-depth dialogue:
  - **What** nurses need to know
  - **How** best to deliver the information to nurses, and to their patients/clients, family members and carers
THINK TANK FINDINGS – Tools/Resources Needed

- Cannabis 101 course
- Cannabis legislation update (1-pager)
- Case studies, scenarios, FAQs
- Self-assessment guide to identify professional stigma/bias
- Point of care toolkits
- Resources for patients/clients/families
CNA supports and advocates for two streams (medical and non-medical)

Supporting these two streams aligns with CNA’s work on:

- Access to care
- Equity
Authorization:

• Under Access to Cannabis for Medical Purposes Regulations (2016), nurse practitioners (NPs) can authorize use.

• Nurse regulators have not recognized this authority in NP scope of practice
  – Exception is Ontario
Medical Cannabis & the Role of the Nurse

**Administration:**

Exemption under the *Controlled Drugs and Substances Act* authorizes certain **hospital** employees, including nurses, to directly administer medical cannabis to clients.

- Beyond the hospital setting, exemption less clear
  - Diverse opinions across nursing regulators and Canadian Nurses Protective Society
Cannabis & the Role of the Nurse: Clear Role for Counselling & Public Education
1. It is important to remember that a multilevel framework governs nursing practice.

2. Nurses who are considering participating in any activity related to recreational or medical cannabis should be familiar with the governing federal legislation and any applicable provincial or territorial legislation to determine what is permitted versus what is prohibited, limited or restricted.

3. A nurse’s regulatory body and employer could further restrict a nurse’s activities related to medical cannabis.

4. Finally, nurses should be guided by their individual sphere of competence and expertise. Nurses should be satisfied that they have the required skills, knowledge and judgment to participate in any activities related to medical cannabis.
Next steps

• Develop, support, disseminate tools as per Think Tank recommendations
• Continue working with nurses through legalization and beyond
• Continue research and re-survey one year post-legalization
Acknowledgements

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Program Lead, Nursing Practice & Policy

Chantelle Bailey, PGDip, MSc, PhD  
Research Fellow

Health Canada

Think Tank participants

Nurses in Canada
Conflict of Interest/Ethical Concerns

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• Ethical concerns – N/A – Not presenting clinical trial data
Pharmacists

- Pharmacists act as medication stewards on behalf of Canadians
- Most accessible health care professionals
- 10,000 pharmacies in urban, rural and remote settings
- Regular and frequent touchpoints with patients in their communities
Current medical system

- More than 350,000 registered patients with licensed producers.*
- Patient surveys indicated that 70% or more believe use results in moderate or better improvement in sx’s
- Pharmacists approached by patients and prescribers about use of cannabis for variety of indications
- No formal or consistent opportunity for counseling and oversight from medication experts at time of dispensing
- Patients need support from HCPs across circle of care to ensure patient safety

* Allan et al. Canadian Family Physician 64 (111-120) Febr 2018.
Medical cannabis post legalization

October 17, 2018.....

• Status quo of medical cannabis stream – will be reviewed within five years
• Recreational cannabis becomes more accessible than medical cannabis
• If patients obtain their medical cannabis from recreational retail stores
  • No health training for retail staff
  • No oversight from health care professionals (patients may forgo getting a medical document – no physician oversight)
  • No health record of medical cannabis use for patients
Prescription drugs – Cannabis Regulations

• Cannabis Act and its regulations came into force on October 17, 2018
• Drugs that contain cannabis, including cannabis that is an API, regulated under the Cannabis Act and Food and Drugs Act similarly to how prescription cannabinoids regulated under the CDSA and Food and Drugs Act
  • Will require a “cannabis drug license” which authorize activities for to the production, distribution and sale of drugs containing cannabis that have been authorized under the act
• Prescription drugs containing cannabis will be available in the same way as they are currently
• Phytocannabinoids now on Health Canada prescription drug list (PDL)
CPhA Recommendations

- Informed by:
  - Growing concern among profession about lack of clinical oversight in dispensing
  - Consultations and input from pharmacists
  - Independent report from KPMG (2016)*
  - Public opinion polling

* KPMG - (Improving Medical Marijuana Management in Canada (March 2016))
CPhA Recommendations – Medical Stream

1. Ensure clear **distinction** between recreational and medical cannabis streams
   – Product differentiation
   – Pricing differentiation
   – Separate access points
2. Support and **include pharmacists** in management and dispensing of medical cannabis
3. Increased **research** into medical cannabis
4. **Restrict terms such as “dispensary” or pharmacy-related symbols such as green cross**
5. Regulate recreational cannabis through lens of **health promotion**
Two Distinct Streams

- Unique needs of medical patients
- Harm reduction
- Patients should not be expected to self medicate without support from HCPs
- Protecting supply chain to meet vulnerable patients needs
- Could lead to more systemic benefits – more robust evidence base
Impact of Recreational on Medical Stream

• Higher THC products
• Medical – different ratios – avoid THC
• Easier and timely access
• Likely limited products with lower THC (market demand)
• Patients self medicating
• Supply issues
• Review in five years
• Different positions from HCP bodies/associations
Support and Include Pharmacists In Management and Dispensing of Medical cannabis

- Pharmacists can leverage expertise re: benefits and harms alone and in context of entire medication history - participate in shared and informed decision making
- Pharmacists well positioned - should be part of circle of care
- Pharmacists are regulated HCPs – follow code of ethics
Surveys show that pharmacists believe they have a role in dispensing medical cannabis as an essential part of managing a patient’s drug therapy.

Education and professional development needs being addressed.

Regulatory approaches to dispensing could be national or provincial.
Enhance and support increased research

- There is evidence

- Understanding of efficacy and safety is evolving
  - Limited evidence re: optimal dosing, strains, drug interactions

- Limitations of currently available evidence: small, short trials could exaggerate benefits and minimize ae’s

- Many trials enrolled patients with h/o cannabinoid use/recreational users

- Research will be facilitated by keeping medical stream separate and strengthened to including pharmacists in the framework
Establish Pricing That Would Not Encourage Diversion From Medical Stream

- Limited coverage with some insurance providers
  - but most patients paying out of pocket
- Cost and taxes will be important considerations
- Risk of diverting medical cannabis patients away from the medical system for reasons of cost and convenience
Regulating recreational cannabis through Lens of Health Promotion

New Cannabis Act, Regulations and framework:

✓ Educates Canadians (especially youth) about the risks associated with use of marijuana

✓ Establishes a minimum age of 18 – provinces can raise the minimum age

✓ Creates regulations for product packaging which will contain health warnings, and plain packaging requirements

✓ Establishes rigorous product management regulations

▪ Training for retail staff on differentiation between medical and recreational use and directing medical patients to HCPs (provinces)
Role of Pharmacist
Professional Responsibilities

• Pharmacists have an ethical duty towards patients and society
• Professional responsibility to serve and protect the public by putting patients first
Patient Education and Counseling

• Assess for cannabis use
• Information and recommendations
• Who/what conditions
• Safe and effective use based on limited evidence
• Monitoring effective response, side effects, adverse effects and drug interactions
• Education on important aspects of medical cannabis consumption
• Management and counseling of patients requesting help for cannabis use disorder
Recreational Cannabis

- Patients may choose to take cannabis recreationally
- “Lower-Risk Cannabis Use Guidelines” developed by CAMH to help non-medical users reduce their risks
- Pharmacists can play public health role in addition to managing medication therapy of patients taking cannabis

Recommendations

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don’t use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don’t use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

www.camh.ca
Will Pharmacists Dispense Cannabis In Canada?

• Not under current Cannabis Act
• Chain pharmacies as licensed producers
• Cannot compound/handle under current Cannabis Act
• Can dispose or receive
• Pharmacist consultation as a value added service
Frequently Asked Questions

• Q1: What kinds of cannabis products are available?
• Q2: Can anyone take cannabis?
• Q3: For which medical conditions is cannabis appropriate?
• Q4: Will cannabis interact with my medications?
• Q5: What are the side effects?
• Q6: How much cannabis should I take, and when and how should I take it? (the highlights from dosing and titrating)
• Q7: How do I get cannabis?
• Q8: How does my pharmacist help me with my cannabis?
• Q9: Where can I find more information?
CPhA Evidence Based Resources and Tools

- FAQ – answers to commonly asked questions by practitioners and patients
- Education – two CE programs
- Cannabis monograph – to help HCPs work with patients and make informed, evidence based decisions
- Practice tools – how to start the conversation
- Monograph
Medical Cannabis
“Good Clinical Practice” (GCP)
Interdisciplinary Approach:
TOOLS FOR PRACTICE

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  - Resolve Digital Health
  - Emerald health
  - Medreleaf
  - Canopy
  - Shoppers Drug Mart
  - Compass Cannabis Clinics
  - Doja
  - MD Briefcase
  - Arthritis Society
  - Canadian AIDS society

• No financial interest for this presentation

• Wearing Clinician hat today!
Case

ID: 76 F living independently at home

Referred for: neuropathic pain

Medical History: DM, HTN, A Fib, MI, anxiety, OA, DDD

Meds: metformin, metoprolol, amlodipine, citalopram, gabapentin, simvastatin, rivaroxaban

Complex Pain Symptoms:
• pain, nausea, anxiety, insomnia

Adverse Drug Effects:
• opioid, Tricyclic antidepressant, gabapentin = sedation, constipation, dry mouth, urinary retention
“Good Clinical Practice” (GCP)

General Approach
Questions to consider before Authorizing Cannabis

• What is the evidence supporting the use of medical cannabis for this patient’s medical condition(s)?
• Does the patient have any contraindications?
• Has the patient tried the currently-approved therapies?
• What are the patient’s goals and expected timeframe?
• What are the benefits vs risks for this patient?
• How to Dose and Titrate cannabis?
• Goal setting, monitor and consider drug tapers?
Indications & Contraindications
Systematic Reviews of Cannabinoid Evidence


https://jamanetwork.com/journals/jama/fullarticle/2338251

https://www.ncbi.nlm.nih.gov/books/NBK423845/
Summary of Evidence for Cannabis
National Academies of Sciences 2017

Substantial Evidence

- Treatment of chronic pain and neuropathic pain in adults
- Chemotherapy-induced nausea and vomiting
- For improving patient-reported MS spasticity

Limited Evidence

- Anxiety disorders (PTSD, SAD, GAD)
- Drug-resistant seizures/epilepsy/anticonvulsant (pediatric)
- Improving short-term sleep outcomes individuals with OSA, fibromyalgia, chronic pain and multiple sclerosis
- Cancers, including glioma
- Cancer-associated anorexia and anorexia nervosa
- Symptoms of IBS
- Spasticity in patients with paralysis due to spinal cord injury
- Symptoms associated with ALS
- Motor disorders (Huntington’s disease, Parkinson’s disease, Tourette syndrome)
- Achieving abstinence in the use of addictive substances
- Mental health outcomes in individuals with schizophrenia
Cannabis Relative Contraindications

Recommendation 4

Dried cannabis is not appropriate for patients who:

a. Are under the age of 25 (Level II)
b. Have a personal history of strong family history of psychosis (Level II)
c. Have a current or past cannabis use disorder (Level III)
d. Have an active substance use disorder (Level III) *Harm Reduction? Cannabis is safer than heroin

e. Have cardiovascular disease (angina, peripheral vascular disease, cerebrovascular disease, arrhythmias) (Level III) *unstable cardiac disease
f. Have respiratory disease (Level III) or *Concern is smoking cannabis
g. Are pregnant, planning to become pregnant, or breastfeeding (Level II)

*Concerns here are due to THC and are dose DEPENDENT.

*For THC start low and go slow

*Consider CBD in these conditions
Cannabis is Rarely Used First-Line

- Important to assess the response to currently approved medications
  - What medications were tried?
  - What doses?
  - How long?
  - What was the response?
  - Any side effects?
- Important to consider other options and context
Side Effects, Drug Interactions, & Safety
## Acute Adverse Effects of Cannabis

<table>
<thead>
<tr>
<th>Very Common</th>
<th>Common</th>
<th>Rare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Euphoria</td>
<td>Orthostatic hypotension</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>Blurred vision</td>
<td>Psychosis/paranoia</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Headache</td>
<td>Depression</td>
</tr>
<tr>
<td>Dry mouth</td>
<td></td>
<td>Ataxia/dyscoordination</td>
</tr>
<tr>
<td>Cough, phlegm, bronchitis</td>
<td></td>
<td>Tachycardia (after titration)</td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td>Cannabis hyperemesis</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Cognitive effects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adverse Effects are due to THC and are dose dependent*
Clinically Relevant Drug Interactions

• Clinically significant drug interactions are unlikely.

• Most “interactions” are due to concurrent use of other CNS depressants = additive side effects

• Human Trials:
  – “In clinical trials where SATIVEX® (CBD 2.5mg/THC 2.7mg per spray) has been taken concomitantly with other drugs metabolized by the CYP450 enzyme system, no clinically apparent drug-drug interactions have been seen in these trials at clinical doses.”
  – SATIVEX has been studied for > 10 years with 6000 patient year data.

• Exception = ↑ clobazam levels with very high dose CBD
**Is Cannabis Addictive?**

**TABLE 3.4 Prevalence of Drug Use and Dependence\(^a\) in the General Population**

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Proportion That Have Ever Used (%)</th>
<th>Proportion of Users That Ever Became Dependent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>76</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol</td>
<td>92</td>
<td>15</td>
</tr>
<tr>
<td>Marijuana (including hashish)</td>
<td>46(^b)</td>
<td>6</td>
</tr>
<tr>
<td>Anxiolytics (including sedatives and hypnotic drugs)</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Heroin</td>
<td>2</td>
<td>23</td>
</tr>
</tbody>
</table>

\(^a\)Diagnosis of drug dependence used in this study based on DSM-III-R criteria.\(^2\)

\(^b\)The percentage of people who ever used marijuana is higher than that reported by the National Household Survey on Drug Abuse (32%), probably due to different survey methods (for discussion, see Kandel, 1992\(^7\)).

**SOURCE:** Adapted from Table 2 in Anthony and co-workers (1994).\(^8\)

*Based on recreational users (thoughts to be even lower for medical)
*Risk of Cannabis use disorder is less than opioid addiction.
*However, still important to screen for risk
Important to Assess Potential Risk of Cannabis Use Disorder

CUDIT-R

CAGE-AID

Opioid Risk Tool (ORT)
Benefits vs Risk
Important to Set Goals for Patients

- What are reasonable goals for cannabis?
  - Some people will have too high of expectations
- Goal for most patients with cannabis
  - Improvement in symptoms
  - Improvement of function
  - Reduction of impact on quality of life
  - Reduce other medications

Create S.M.A.R.T. Goals

- SPECIFIC
- MEASUREABLE
- ACHIEVABLE
- REALISTIC
- TIMELY
Balance of Benefits vs Possible Risk

Benefits

↓ Symptoms

↑ HRQoL

Risks

Adverse effects

Cannabis use disorder

HRQoL: Health-Related Quality of Life
Dosing & Treatment Plan
## Routes of Administration

<table>
<thead>
<tr>
<th>Issue</th>
<th>Smoking/Vaporisation</th>
<th>Oral</th>
<th>Oromucosal</th>
<th>Topical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset (min)</td>
<td>5-10</td>
<td>60-180</td>
<td>15-45</td>
<td>Variable</td>
</tr>
<tr>
<td>Duration (h)</td>
<td>2-4</td>
<td>6-8</td>
<td>6-8</td>
<td>Variable</td>
</tr>
<tr>
<td>Pro</td>
<td>Rapid action, advantage for acute or episodic symptoms (nausea/pain)</td>
<td>Less odor, convenient and discrete advantage for chronic disease/symptoms</td>
<td>Pharmaceutical form (nabiximols) available, with documented efficacy and safety</td>
<td>Less systemic effect, good for localised symptoms</td>
</tr>
<tr>
<td>Con</td>
<td>Dexterity required, vaporisers may be expensive, and not all are portable</td>
<td>Titration challenges due to delayed onset</td>
<td>Expensive, spotty availability</td>
<td>Only local effects</td>
</tr>
</tbody>
</table>
• Oil is preferred as has longer duration of action.
  – Consider CBD oil for daytime. Start with 5-10mg BID-TID. Target 50-100mg
  – Consider THC oil for bedtime. Start with 1-2.5mg.

• Vaporization is great for acute symptoms
  – Start with 1 inhalation. Every 15 min increase by 1 inhalation until desired symptom control has been achieve
Cannabis Treatment Plan

1. Does symptom occur during day or night?
   - **Night** - Sleep is a great place to start THC.
     - High myrcene/ “sedating” THC may be more helpful than CBD for sleep. It helps with pain, anxiety, insomnia. If sleep improves, so will ability to cope with daytime symptoms.
   - **Daytime** – try CBD alone, or CBD with THC, or low dose THC to minimize impairment.

2. Type of symptom?
   - Acute/intermittent symptom = **vaporize**
   - Chronic/persistent symptom = **oil**

3. Pathophysiology of Condition
   - Inflammatory = CBD
   - Neurological = THC (+/- CBD)
   - Exceptions: seizures, psychosis/bipolar = CBD
### Cannabis Treatment Plan (cont)

<table>
<thead>
<tr>
<th>4. Special populations considerations</th>
<th>5. Add cannabis on to other Rx, then consider slow taper off opioids/other medications one at a time if appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Geriatric, severe cardiac disease, frail = may start even lower than low for THC (ie 1mg)</td>
<td></td>
</tr>
<tr>
<td>- Children= avoid THC</td>
<td></td>
</tr>
</tbody>
</table>

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Monitoring & Drug Tapers
Monitoring

• **Follow up:** every 1-3 months initially, then 3-6 months once stabilized.
• **Review medications:** drug interactions and consider taper
• **Assess Efficacy:** Ask about chemovar (strain), dose, route and response.
• **Track outcomes:**
  – Consider questionnaires such as **anxiety GAD-7, depression PHQ-9, pain BPI scale**
  – Consider an app
    - Patients track progress daily, can be access by their MD
    - App can help determine what strain, dose, route etc were helpful
Roles for other HCPs on The Interprofessional Team

- Monitoring?
- Review of symptom log?
- Review of AE’s?
- Drug Interactions?
- Guiding tapering?
- Communication between HCPS is essential
- Patient centric approach
What about Opioids?

- 50 mg morphine equivalent dose (MED) doubles the risk of fatal overdose compared to 20 mg MED
- > 90 mg MED, the risk increases 10 fold
- US and Canadian guidelines advise clinicians to **carefully reassess risk-benefit ratio** when > 50 mg MED and to avoid > 90 mg MED as there is low evidence for improvements in pain, **but a significant increase in the risk of harm**.
Our group proposes a cannabis trial model to mimic recommended steps of an opioid trial as suggested in new Canadian CNCP guidelines.

This allows for cautious initiation of cannabis and focuses on efficacy, safety, titration and monitoring.

**Table 1—Proposed Steps of Cannabis Adjunct Trial with Opioid Therapy**

<table>
<thead>
<tr>
<th>Step 1 – Assessment</th>
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<tbody>
<tr>
<td>Step 2 – Starting at a low dose</td>
</tr>
<tr>
<td>Step 3 – Slow titration until optimal dose</td>
</tr>
<tr>
<td>Step 4 – Frequent monitoring</td>
</tr>
<tr>
<td>Step 5 – Optimizing the titration</td>
</tr>
<tr>
<td>Step 6 – Stopping the trial and discontinuing cannabis</td>
</tr>
</tbody>
</table>
How to Taper Opioids Using Cannabis

• Patients need to be educated on symptoms of opioid withdrawal
• Start opioid taper 2-4 week after cannabis initiation
• No more than 10% reduction every 1-2 week
  – Consider 5% reduction every 1-2 week when at lower doses
• Opioid taper will result in withdrawal pain with each reduction in dose, usually lasting 3-5 days.
• Cannabis can reduce withdrawal symptoms!
Resources on www.drcarolinemaccallum.com
Take Away Pearls – Interprofessional Care

• Complex evolving therapeutic area with limited understanding and evolving evidence
  ▪ Patient safety is paramount
  ▪ Protect unique needs and access for medical patients
  ▪ Strengthen clinical oversight in medical stream with pharmacists integral in circle of care
• Involve all HCPS
• Clear communication
• Embrace and align in destigmatized approach to care
• Align approach with respect to evidence informed discussion balanced with shared decision
Closing Thoughts
Questions