

Cannabis Care: Guidance for Pharmacists

**RxA's Trusted Partners in Health
Fall Professional Development Virtual Conference**

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Presenter Disclosures

Presenters do not have current or past relationships with commercial entities.

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Sandra Gerges' research has been funded by the Colleges and Community Social Innovation Fund grant from the Natural Sciences and Engineering Research Council of Canada

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Learning objectives

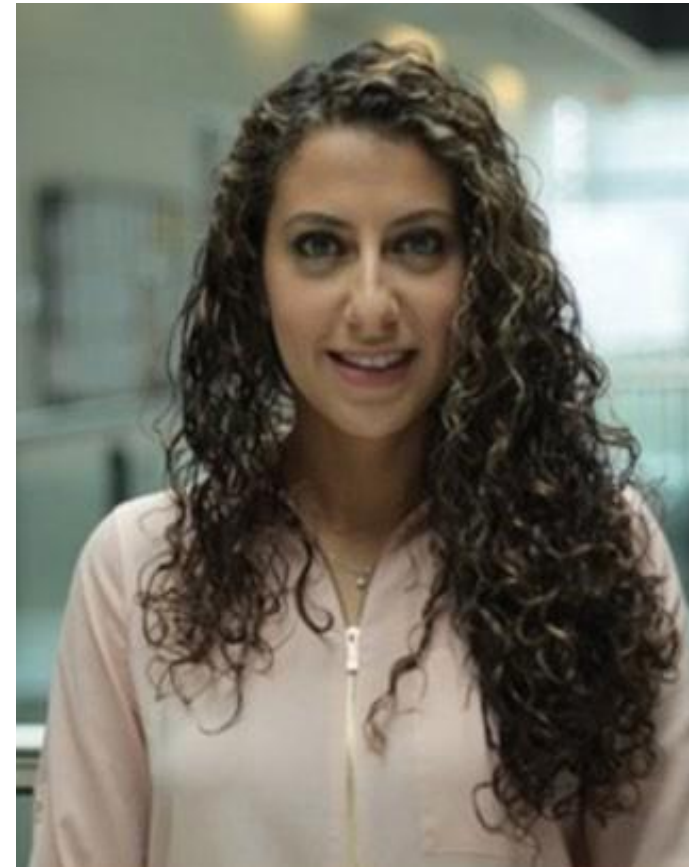
- Outline key roles pharmacists have in supporting people who use cannabis.
- Summarize the current level of evidence for the medical use of cannabis.
- Recognize the major health concerns associated with cannabis use.
- Navigate to reputable resources when assessing patients' cannabis use and providing care

Introductions



Beth Sproule

Clinical Scientist,
Professor, CAMH & U of T



Sandra Gerges

Clinical Pharmacist, Sunnybrook
Professor, Humber Polytechnic



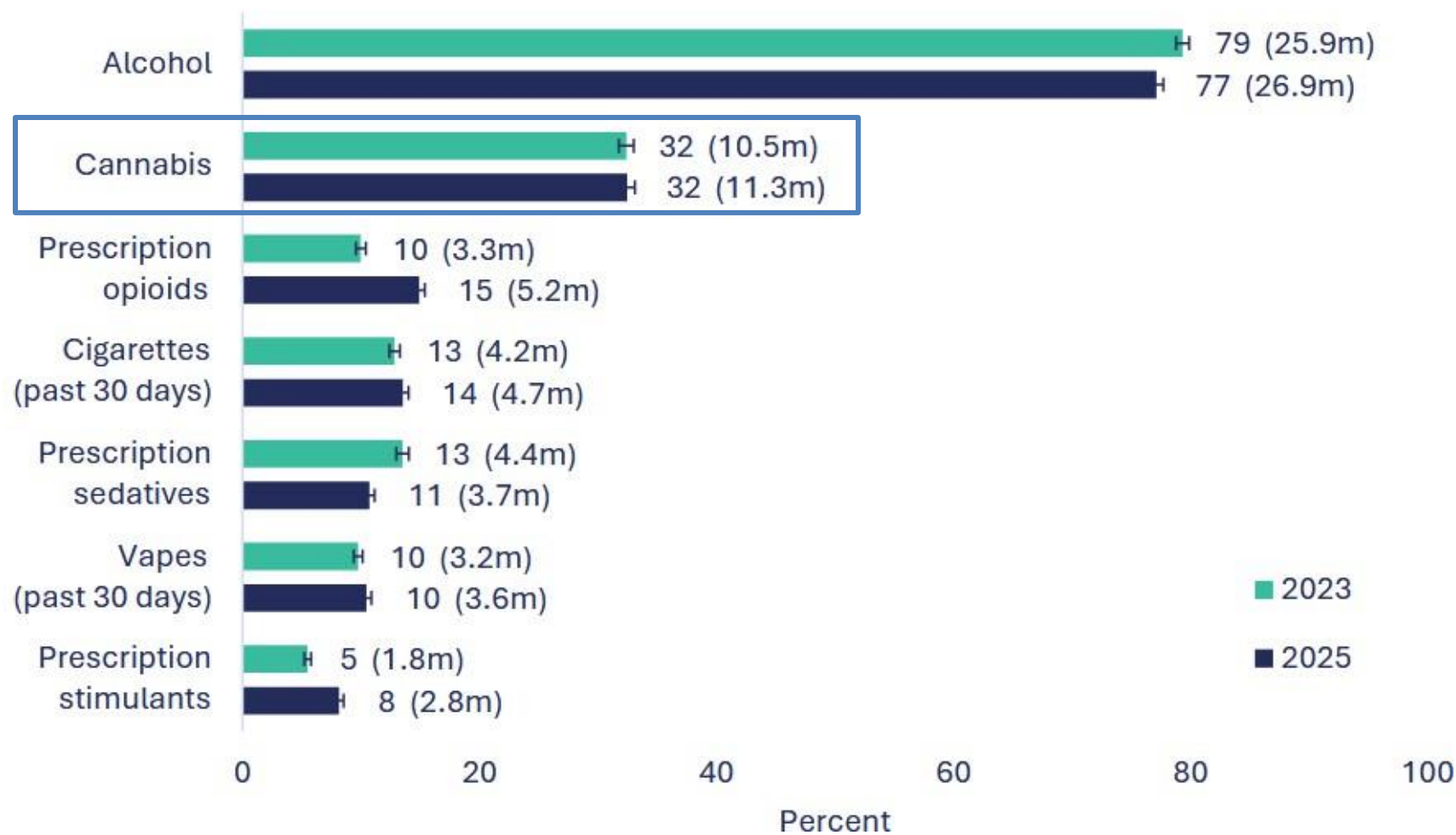
Maria Zhang

Clinician, Educator,
CAMH & U of T

Audience question: Why are you here? What are you hoping to get out of this session?

Canadian Substance Use Survey 2025

Figure 1. Percentage and number of people aged 15+ in Canada reporting legal² substance use in the past 12 months, 2023-2025

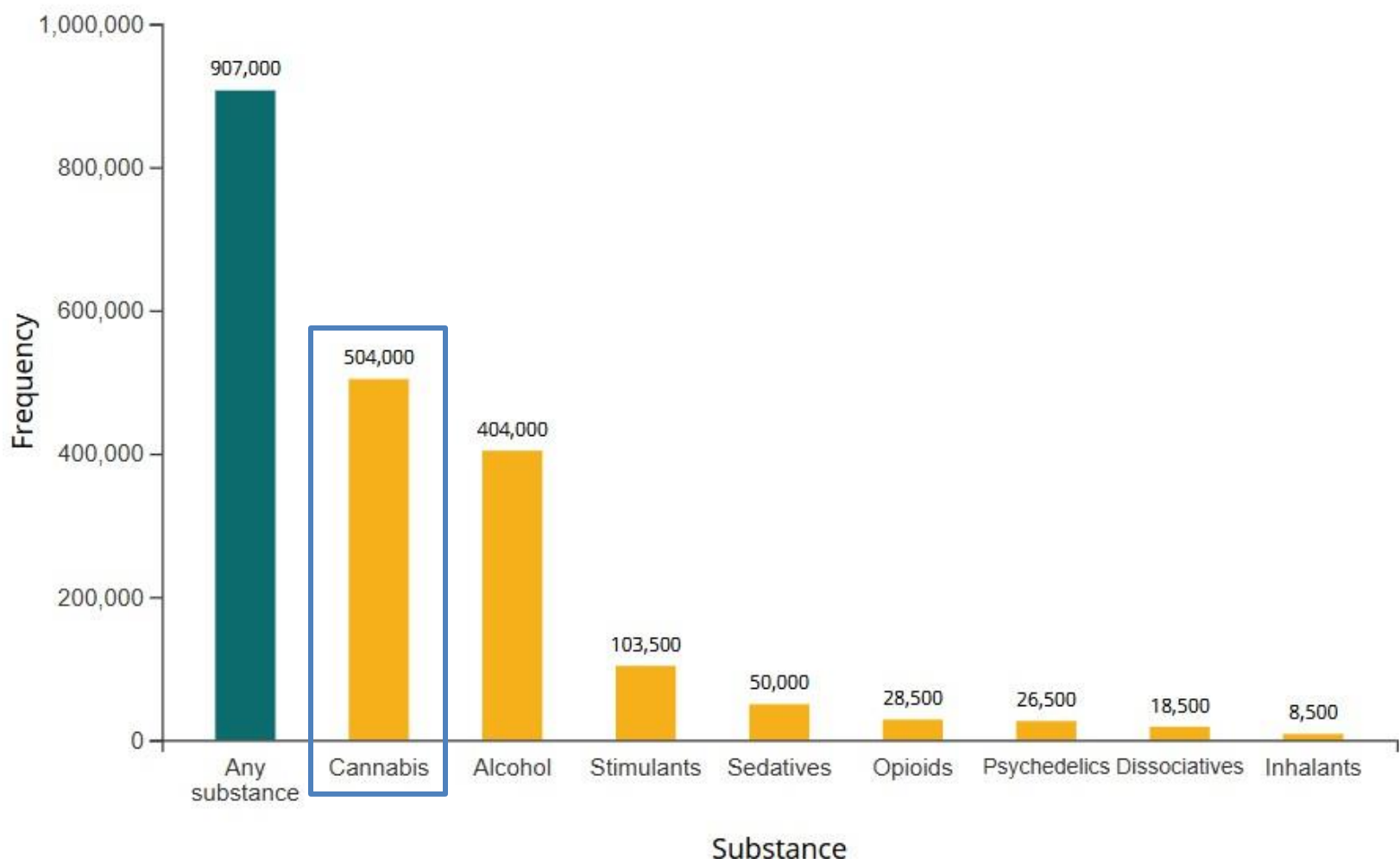


Over 30% of Canadians (> 14 years) consumed cannabis in past year

Risk of substance use dependence

In 2025, CSUS expanded the use of the World Health Organization’s (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to assess potential risk of dependence across more substances. While screening tests cannot diagnose a substance use disorder, they can estimate the number of people who are at high risk of substance dependence.

Figure 6: Number of people at high risk of substance use dependence, among people who used substances in the past 3 months



Final Report – Cannabis Act Review 2024

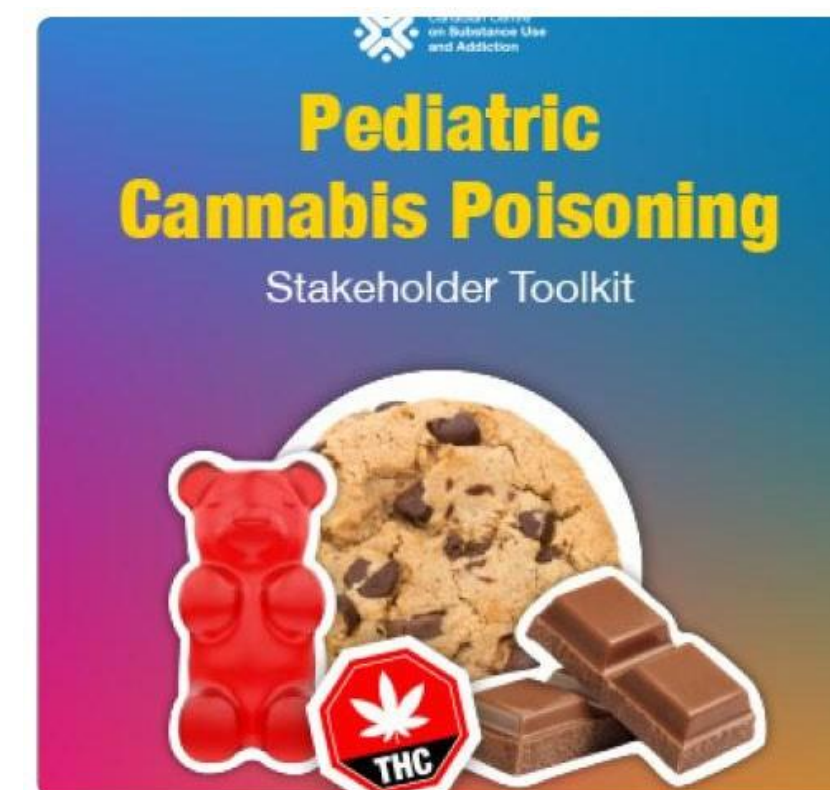
Positive Findings

- quality-controlled supply of a variety of cannabis products
- shifting adult consumers to the legal cannabis market

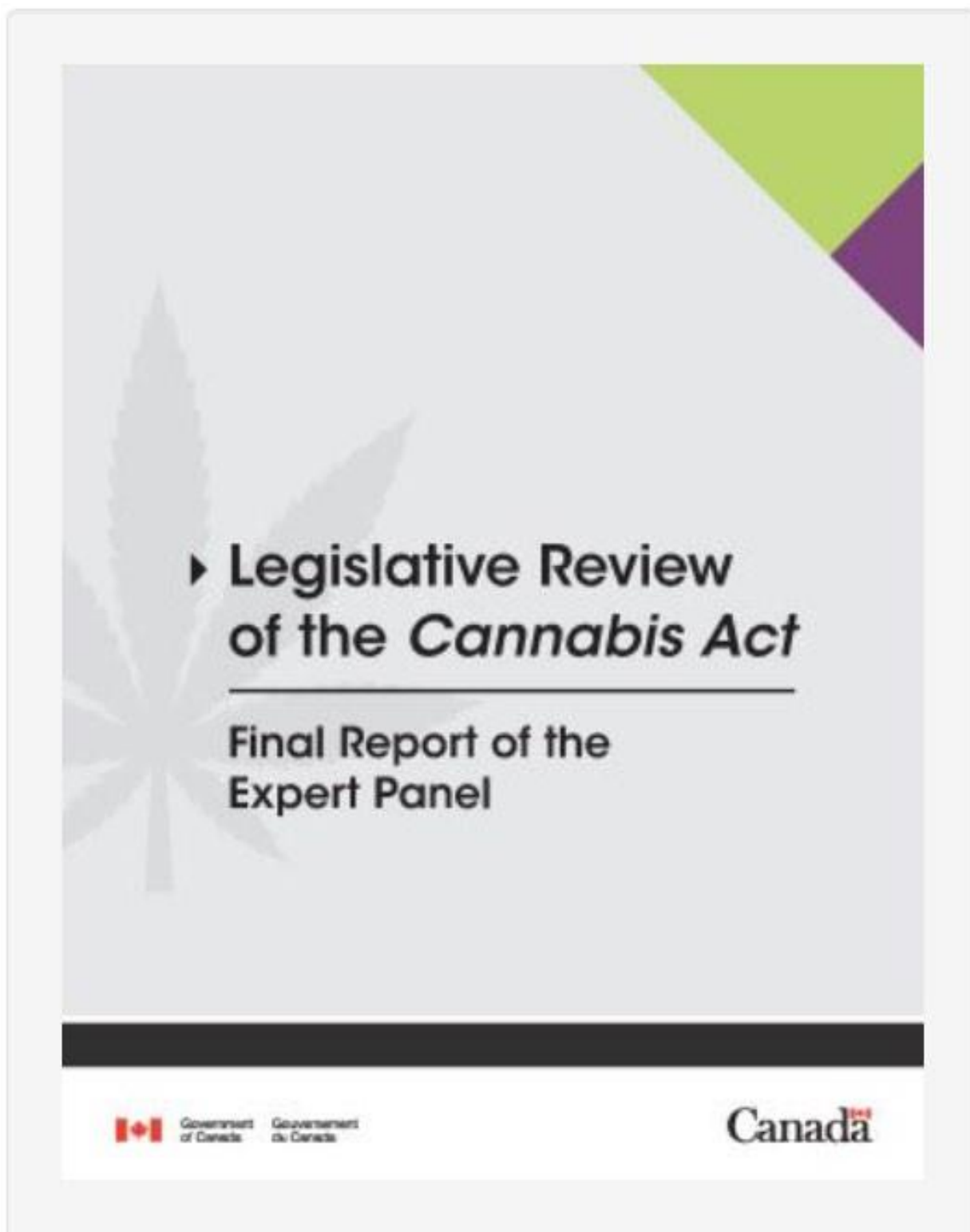
Concerns

- Shift toward the consumption of higher-potency cannabis products
 - greater health risks & reports suggesting increases in cannabis-related health care presentations.
- Canada has among the highest rates of youth cannabis use in the world

“Further, increasing reports of poisonings among children who have unintentionally consumed cannabis are troubling.”



<https://ccsa.ca/en/pediatric-cannabis-poisoning-stakeholder-toolkit>



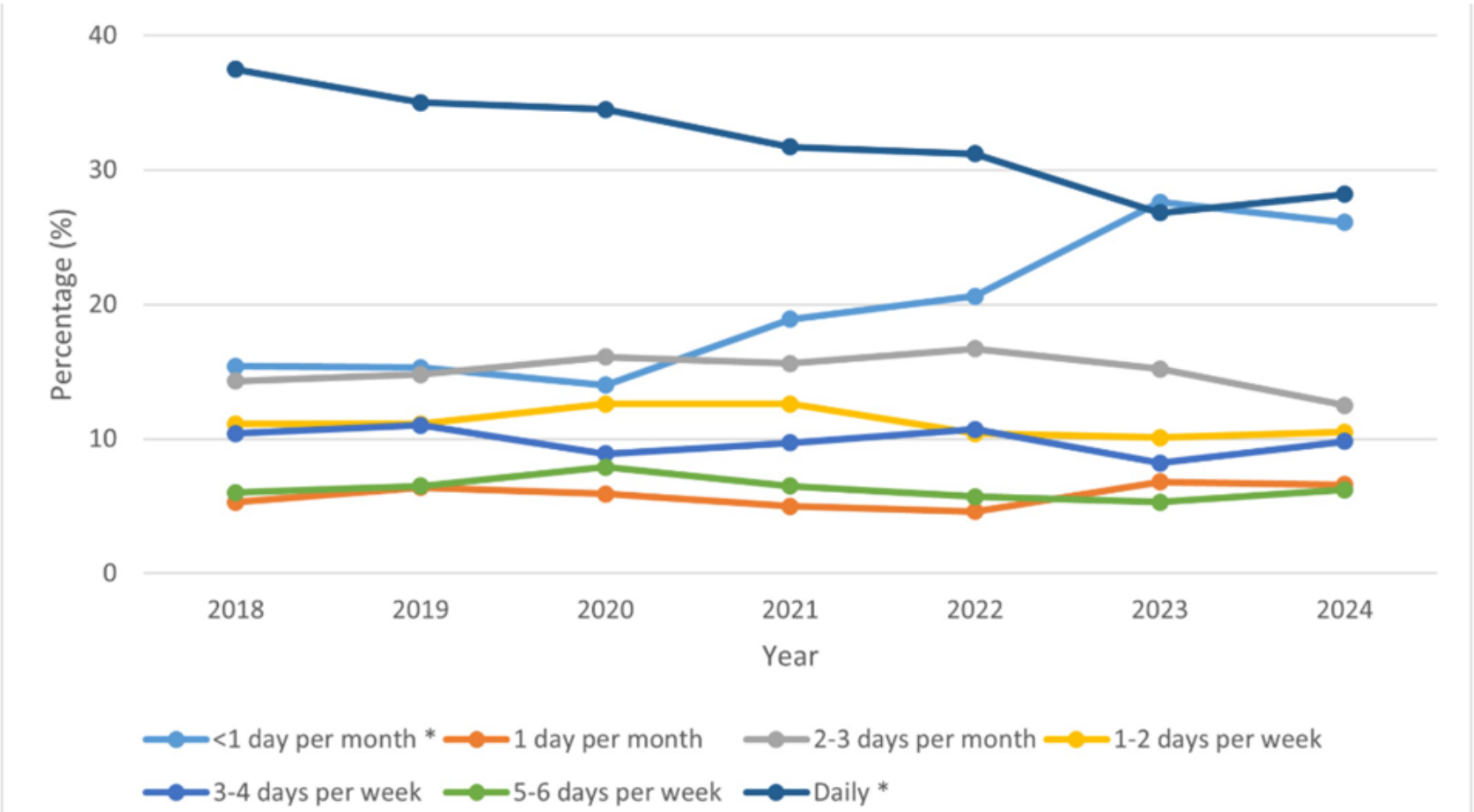
2024

<https://www.canada.ca/en/health-canada/services/publications/drugs-medication/legislative-review-cannabis-act-final-report-expert-panel.html>

Canadian Cannabis Survey 2024

Medical Cannabis Use

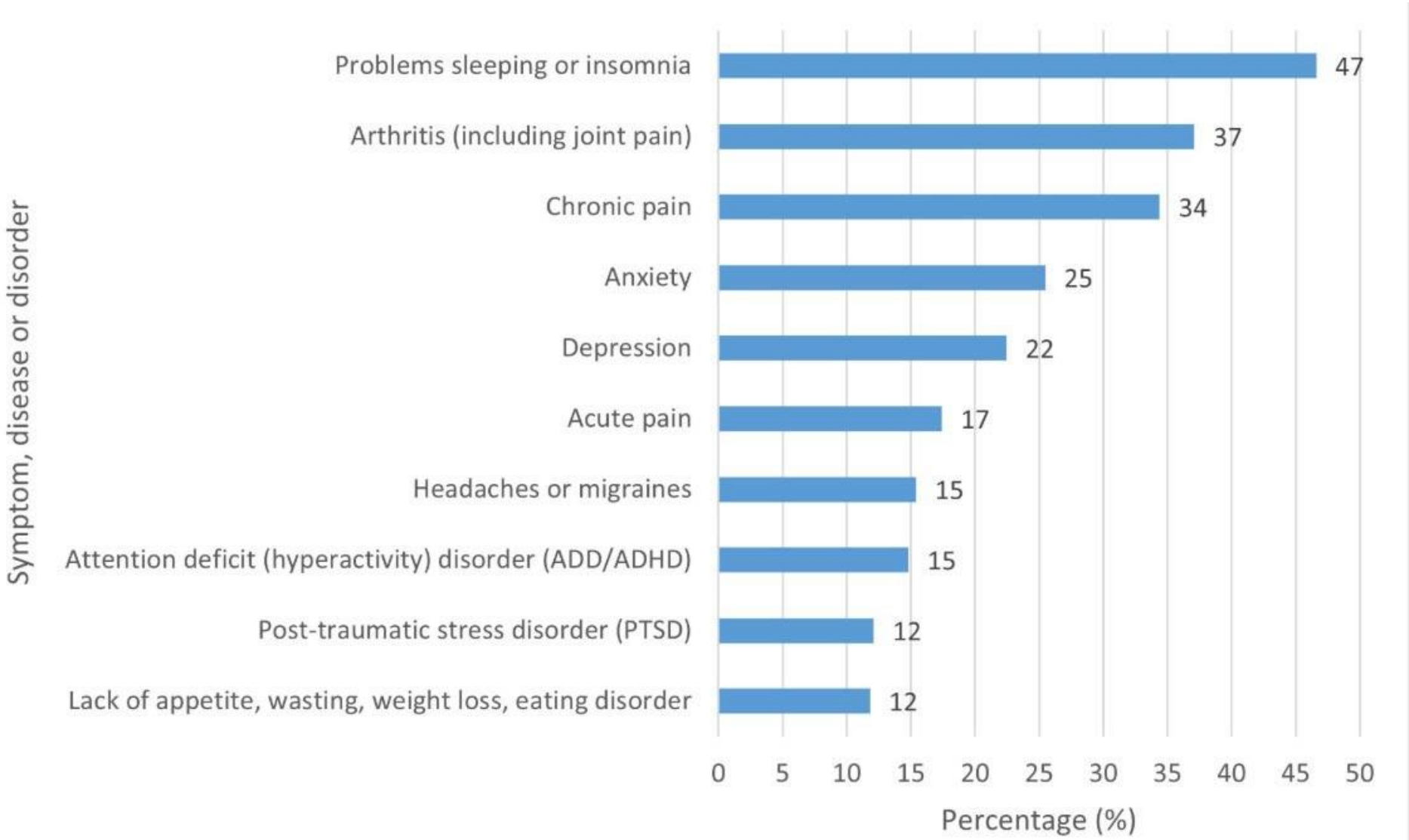
Frequency of cannabis use for medical purposes in past 12 months



10% of Canadians (> 16 years) consumed cannabis for medical purposes in the past 12 months

- 18% with document from healthcare provider

Reasons for medical use of cannabis



Evidence for Cannabis Medical Use

Cannabis, cannabinoids and health: a review of evidence on risks and medical benefits

E. Hoch^{1,2,3} · N. D. Volkow⁴ · C. M. Friemel² · V. Lorenzetti⁵ · T. P. Freeman⁶ · W. Hall^{7,8}

European Archives of Psychiatry and Clinical Neuroscience (2025) 275;281-292

<https://doi.org/10.1007/s00406-01880-2>

*May produce **small to modest benefits** in treating:*

- chronic pain
- muscle spasticity
- chemotherapy-induced nausea and vomiting
- refractory epilepsy (cannabidiol, CBD).

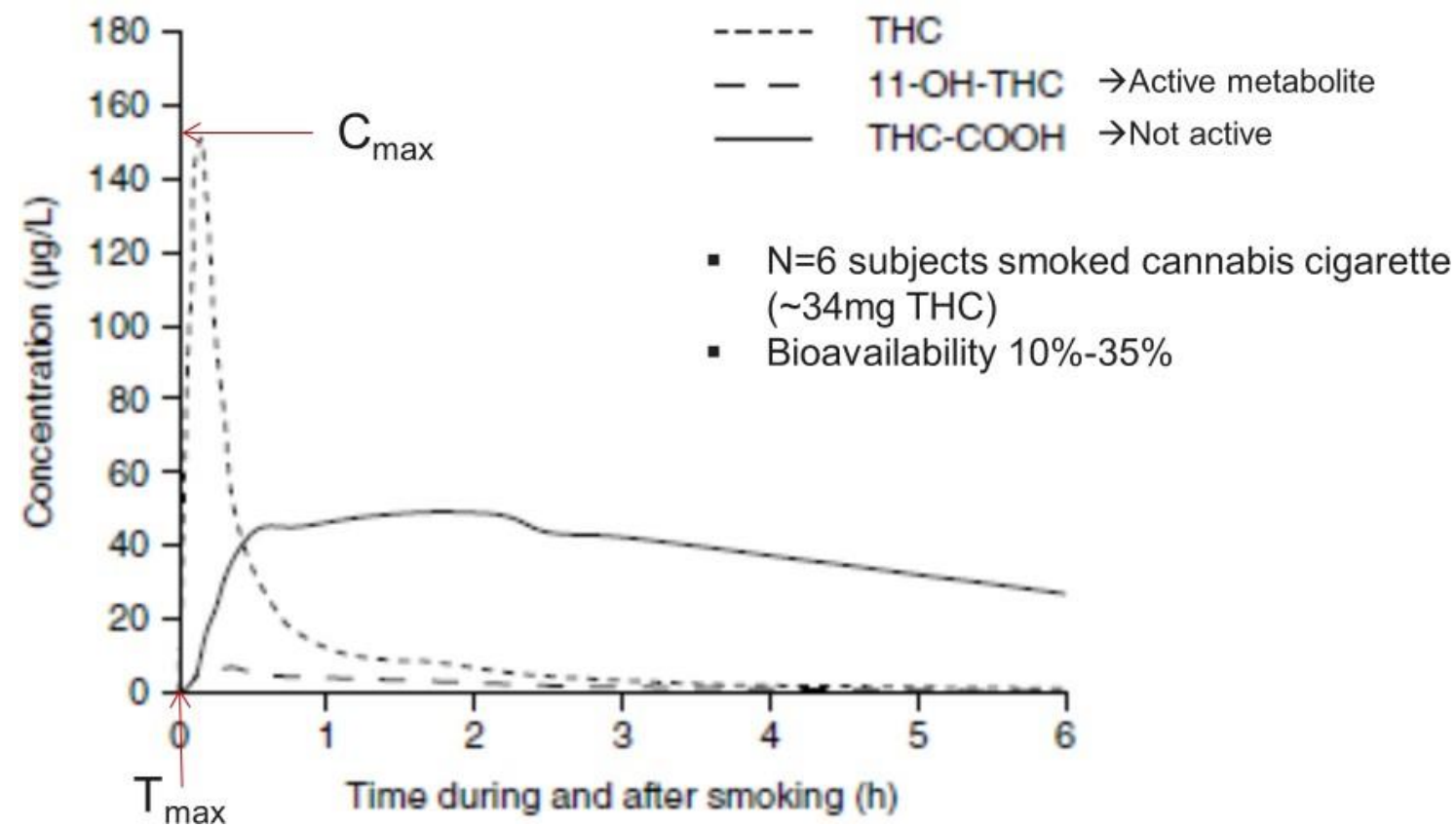
*The **evidence is inconclusive** on their value in treating:*

- Mental disorders
 - Other medical conditions
-

Key Pharmacokinetic & Pharmacodynamic Features

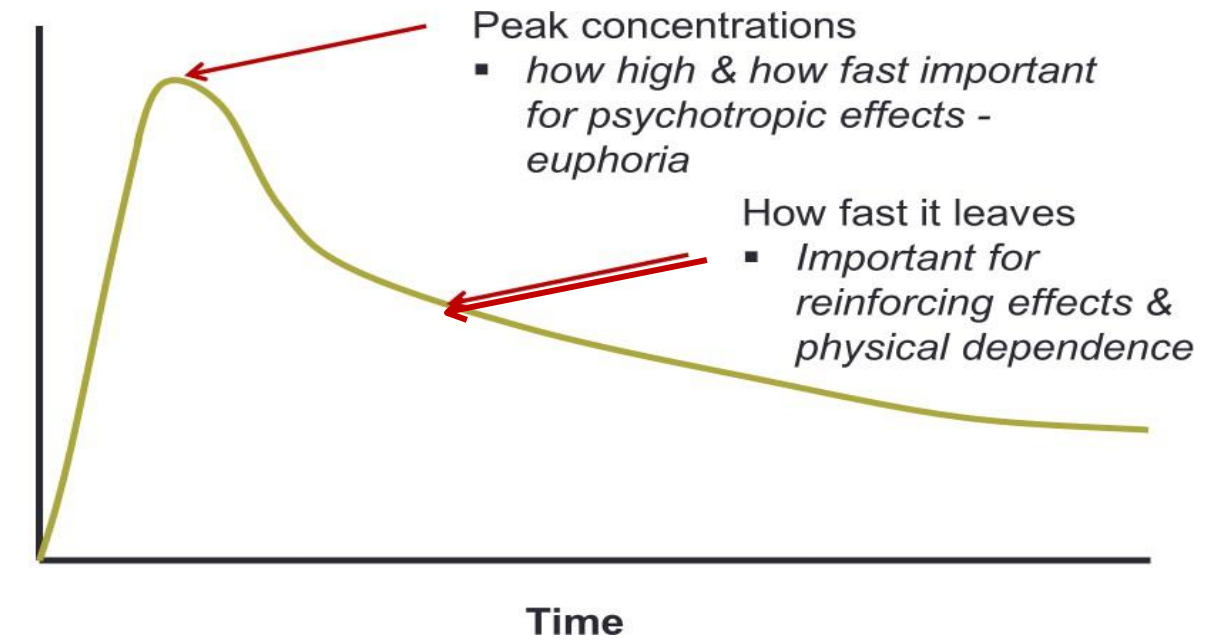
THC - Smoked Cannabis

Rapid and high peak for THC with rapid decline

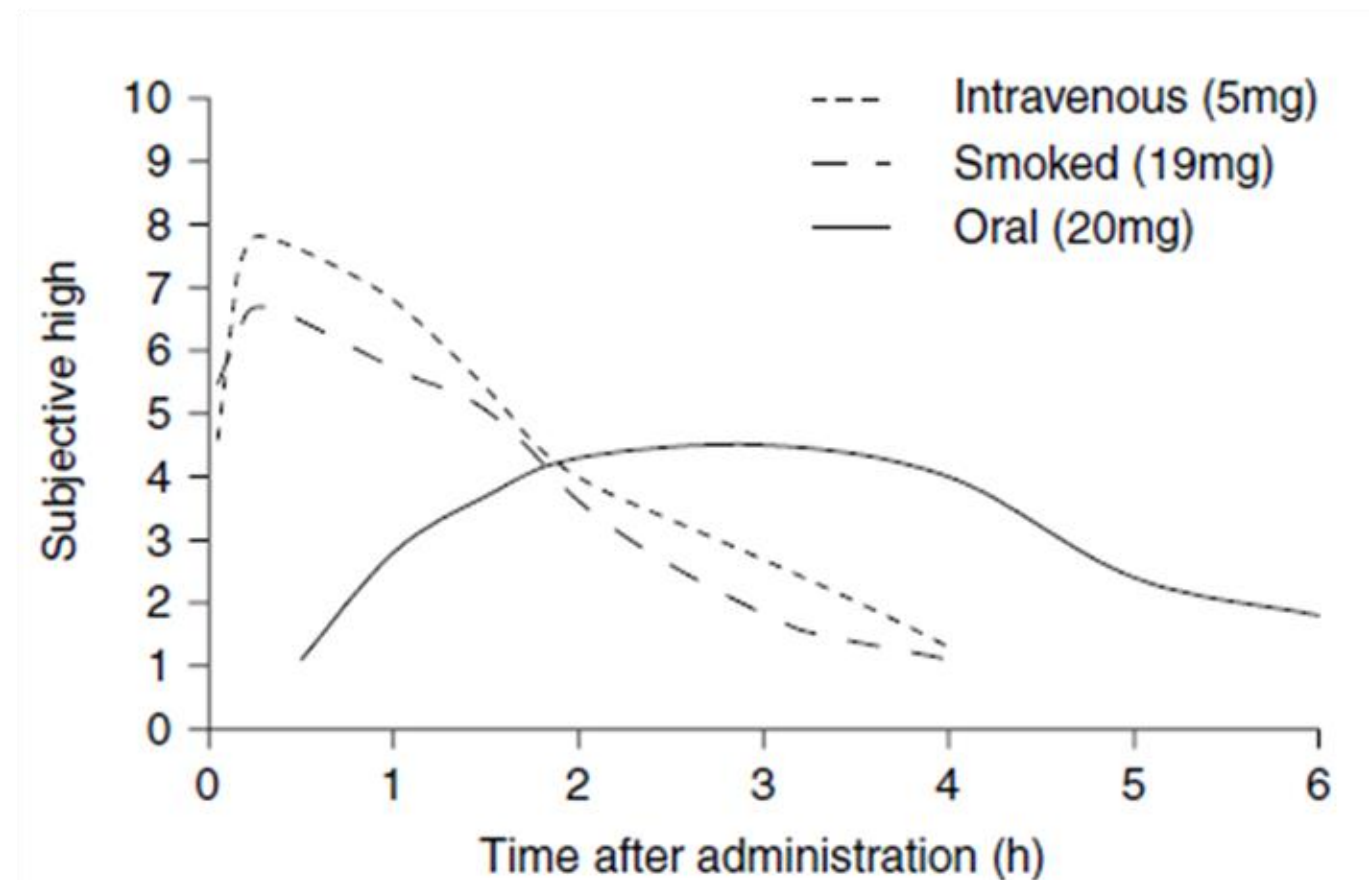


Rapid distribution out of blood to other tissues
Then slower elimination from other tissues

Drug
Concentration
in blood

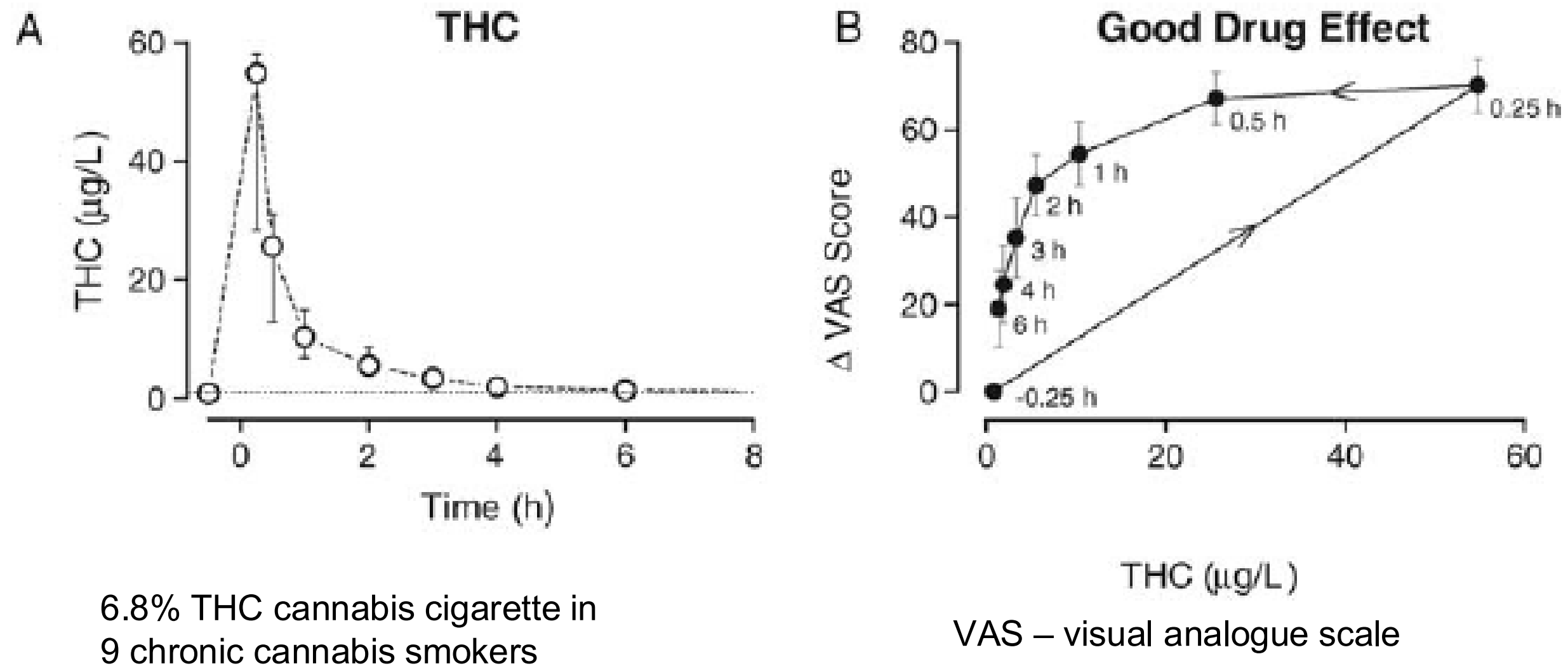


Subjective effects follow similar pattern to THC concentrations

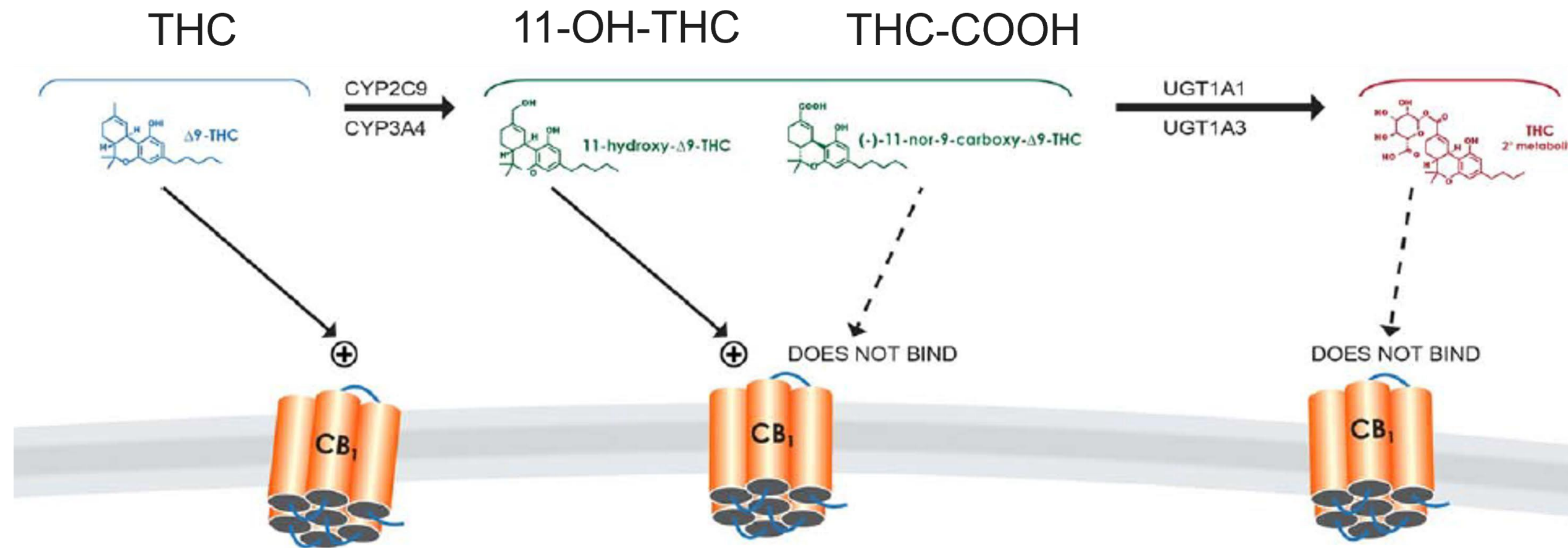


THC - Pharmacokinetic / Pharmacodynamic Link

Linking blood concentration to effects more complex due to kinetics in and out of brain.



Metabolism & Drug Interactions



CYP2C9 inhibitors including fluoxetine and amiodarone
 CYP3A4 inhibitors including ketoconazole, macrolides, verapamil

Canada's Lower-Risk Cannabis Use Guidelines

Risks

- Impaired driving resulting in injuries or fatalities;
- Mental health problems, including psychosis;
- Cannabis use disorder;
- Cognitive, psychomotor and memory impairments;
- Hallucinations and impaired perception;
- Respiratory problems;
- Reproductive problems.



Canada has among the highest cannabis use rates in the world.



Fatal and non-fatal injuries from motor-vehicle collisions, as well as cannabis use disorder and other mental health problems, are the most common cannabis-related harms negatively impacting public health.



Between 10 and 30 per cent of cannabis users are estimated to develop a cannabis use disorder (including dependence).

Canada's Lower-Risk Cannabis Use Guidelines

1

The most effective way to avoid the risks of cannabis use is to abstain from use.

2

Delaying cannabis use, at least until after adolescence, will reduce the likelihood or severity of adverse health outcomes.

3

Use products with low THC content and high CBD: THC ratios.

4

Synthetic cannabis products, such as K2 and Spice, should be avoided.

5

Avoid smoking burnt cannabis and choose safer inhalation methods including vaporizers, e-cigarette devices and edibles.

6

If cannabis is smoked, avoid harmful practices such as inhaling deeply or breath-holding.

7

Avoid frequent or intensive use, and limit consumption to occasional use, such as only one day a week or on weekends, or less.

8

Do not drive or operate other machinery for at least 6 hours after using cannabis. Combining alcohol and cannabis increases impairment and should be avoided.

9

People with a personal or family history of psychosis or substance use disorders, as well as pregnant women, should not use cannabis at all.

10

Avoid combining any of the risk factors related to cannabis use. Multiple high-risk behaviours will amplify the likelihood or severity of adverse outcomes.

Pharmacists' Roles in Cannabis Care

- Ask patients about cannabis use
 - Check for drug interactions
 - Check indication for medical cannabis use
 - Advise on lower risk cannabis use
-

Cannabis x Pharmacy Practice

PACE Project Overview

National Multiphase Mixed Methods Study

- Pharmacy Schools Environmental Scan
- Cannabis Consumers Surveys
- Pharmacists Surveys
- Pharmacist Interviews
- Consumer Focus Groups
- Cannabis Resources Environmental Scan

Phase	Key Findings
Cannabis Education Environmental Scan	Cannabis education varied substantially across Canadian programs. Most content focused on pharmacology, therapeutics, counselling, and adverse effects, while harm reduction, non-medical cannabis use, special populations, and lived experience perspectives were rarely covered. Ontario was the only jurisdiction requiring cannabis education.
Resource Environmental Scan	Fifteen resources were identified. Most focused on medical cannabis, pain, CINV, and pharmaceutical cannabinoids. Limited information existed on dosing, drug interactions, harm reduction, recreational cannabis, and emerging cannabinoids.
Pharmacist Educational Needs Assessment	Pharmacists supported cannabis-related care but reported low confidence and significant educational gaps. Priority topics included adverse effects, interactions, dosing, contraindications, and efficacy.
Consumer Consultation Behaviour	Medical cannabis users and those with previous authorization were more likely to seek pharmacist advice. Trust was a major predictor of consultation behaviour.

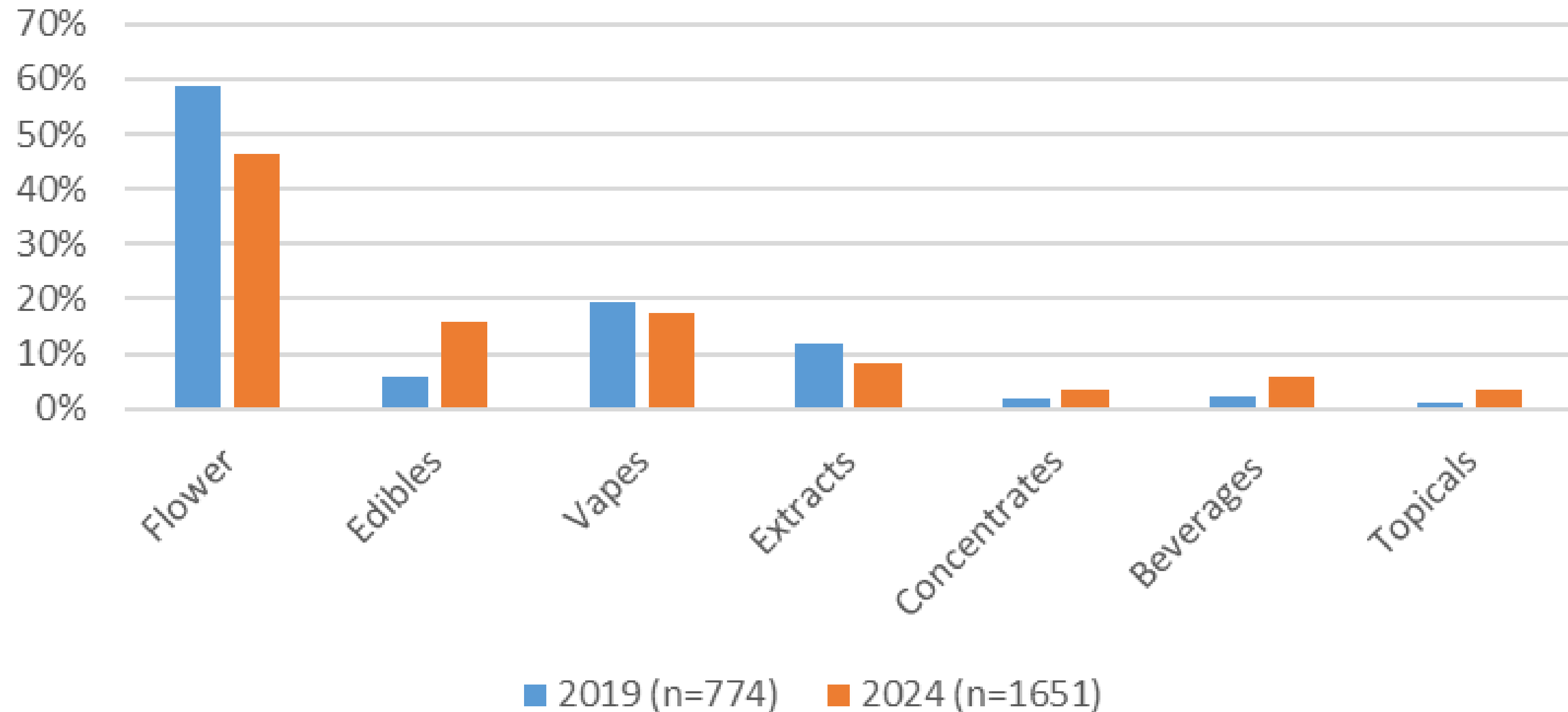
Phase	Key Findings
Consumer Stigma, Trust & Consultation	Perceived stigma reduced trust in healthcare professionals' cannabis knowledge. Lower trust reduced consultation intentions. Trust emerged as the strongest determinant of seeking cannabis-related healthcare advice.
Pharmacist Stigma Study	Preliminary findings suggest generally positive attitudes toward cannabis consumers, although some stigma remains, particularly in situations requiring higher levels of trust.
Consumer Experiences & Information Needs	Consumers reported difficulties finding reliable cannabis information and identified stigma and trust as major influences on healthcare engagement.
Pharmacists' Perspectives on Cannabis Care	Pharmacists supported an expanded role in cannabis care but identified education, workflow, remuneration, and regulatory changes as necessary supports.

Take away message

The PACE project demonstrates that Canadian pharmacists are well-positioned to become trusted cannabis educators, but achieving this role requires addressing persistent knowledge gaps, reducing stigma, building consumer trust, and implementing educational and system-level supports that facilitate meaningful cannabis-related patient care.

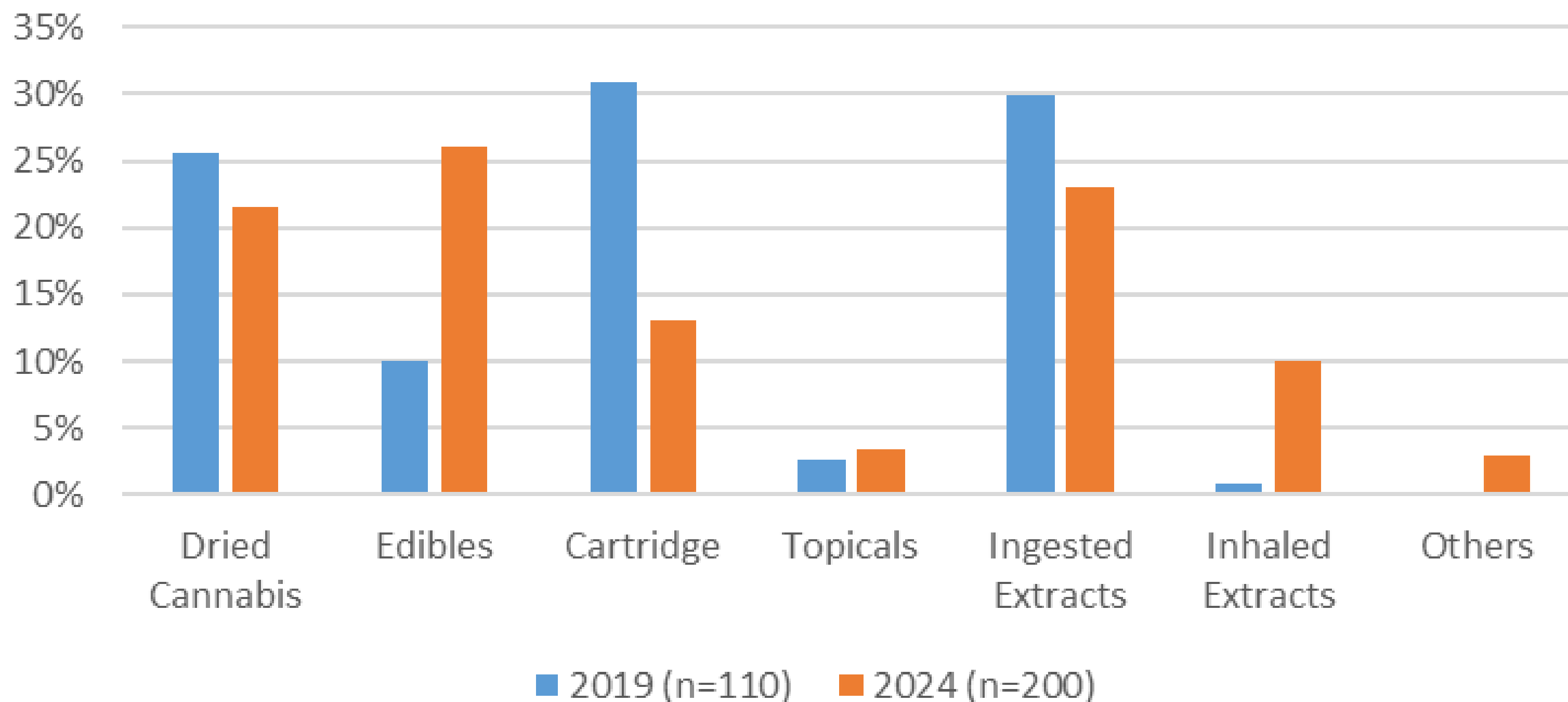
**So, what else do you
need to know?**

Proportion of recreational cannabis products by product type in 2019 and 2024



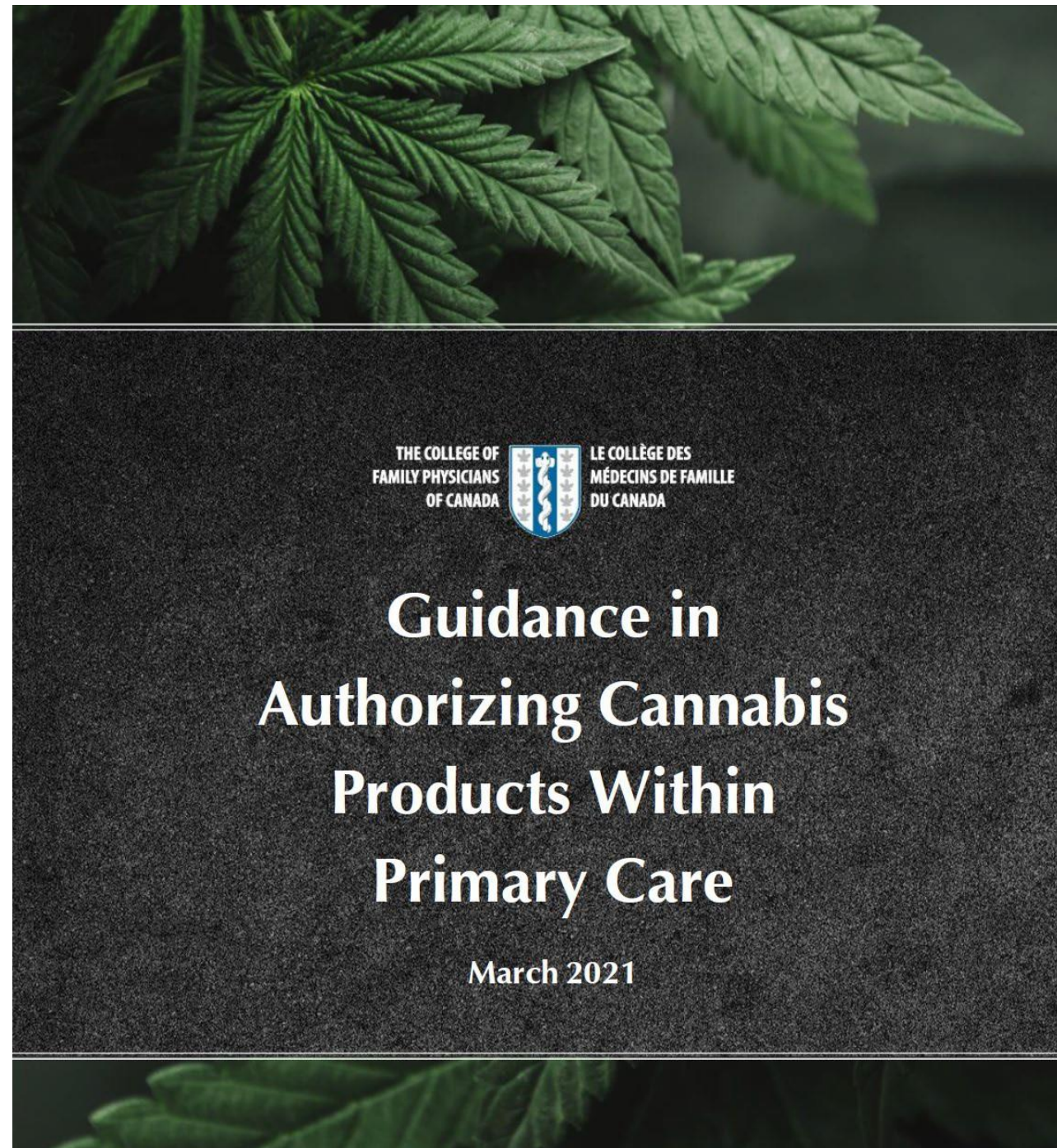
Data sourced from Ontario Cannabis Store (unpublished data)

Proportion of medical cannabis products by product type in 2019 and 2024



Data sourced from Ontario Cannabis Store (unpublished data)

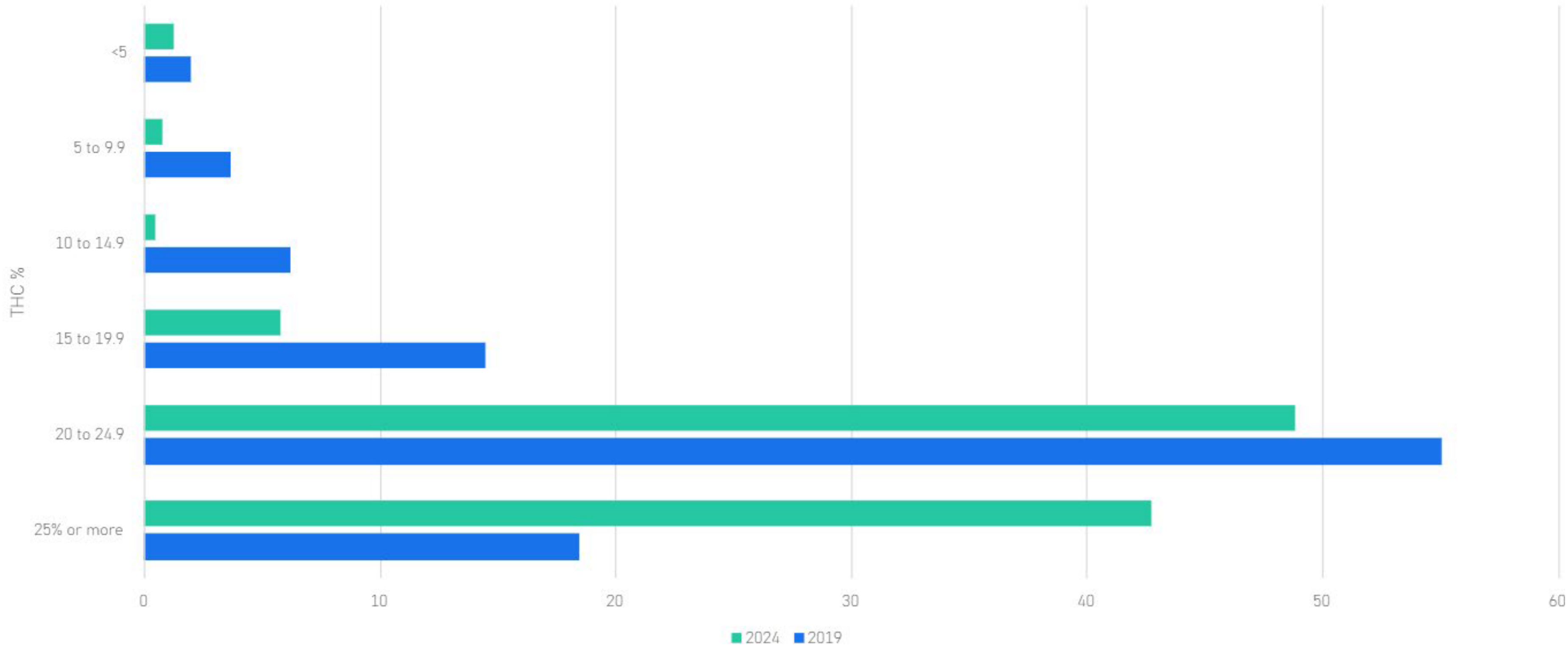
Cannabis Prescribing Guidance



The THC concentrations used in most controlled trials on neuropathic pain ranged from 1 per cent to 9 per cent. Physicians should be aware that many commercial strains have THC concentrations as high as 15 per cent to 30 per cent; these concentrations may increase the risk of cognitive impairment, addiction, motor vehicle accidents, and psychosis.

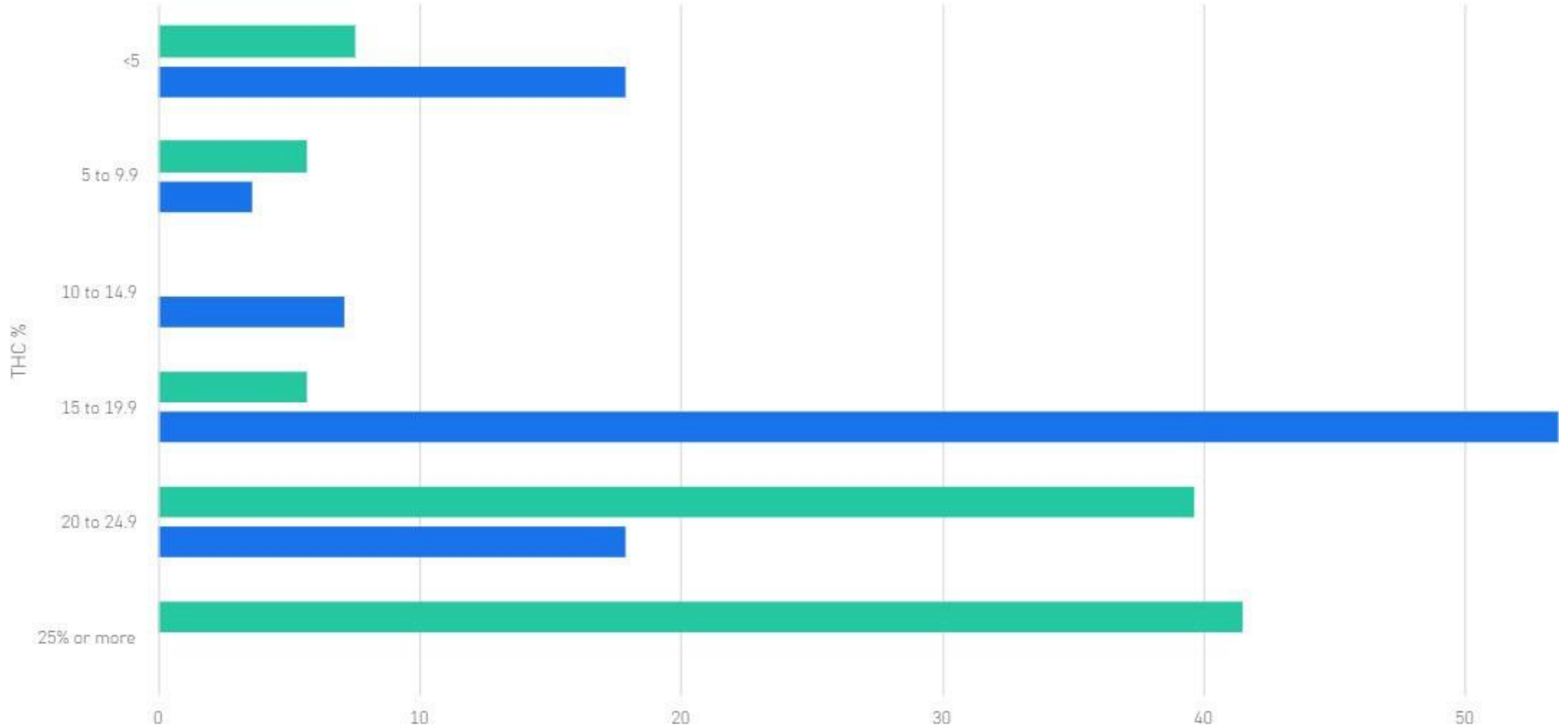
Therefore, the physician should note on the medical document to “Supply cannabis containing 9 per cent THC or less. Send information on percentage THC composition directly to the physician’s office. Notify the physician of any change in the THC concentration of the product given to the patient.”

Percentage of dried flower products by THC% available through Ontario Cannabis Store in 2019 vs. 2024



Data sourced from Ontario Cannabis Store (unpublished data)

Percentage of dried flower products by medical cannabis distributor in 2019 vs. 2024



Data sourced from Ontario Cannabis Store (unpublished data)



Rapid THC Inhaler

1 Unit

THC	CBD	CBN	CBG
8.82	0.02	0.00	0.00
%	%		
88.2	0.23		
mg/g	mg/g		

How To Use

For Optimal Use Follow the Below Steps:

1. Remove the cap.
2. Shake vigorously for 3-5 seconds.
3. Immediately after shaking, exhale, then place lips around the mouthpiece with your chin tilted upwards. Begin inhaling first, then press down on the cannister to release product while continuing to inhale.
4. Hold in for 5-10 seconds before exhaling.
5. Wait to feel the effects before determining whether to take another dose.



Resources

Clinical Guide & CPD Modules

Supporting pharmacists in providing care to patients using cannabis.

See more related to

[pharmacy](#)[cannabis](#)

Published Sep 30, 2025

Pharmacists are uniquely positioned to provide care to the millions of Canadians using cannabis. Whether using cannabis for medical purposes, recreationally, or both, pharmacists can help their patients navigate the many considerations around cannabis use, including safer use practices. Pharmacists have expressed a lack of comfort with their cannabis-related knowledge, which is a barrier to care. To address this, we have developed the Cannabis Care Guide for Pharmacists to support you in the care of your patients.



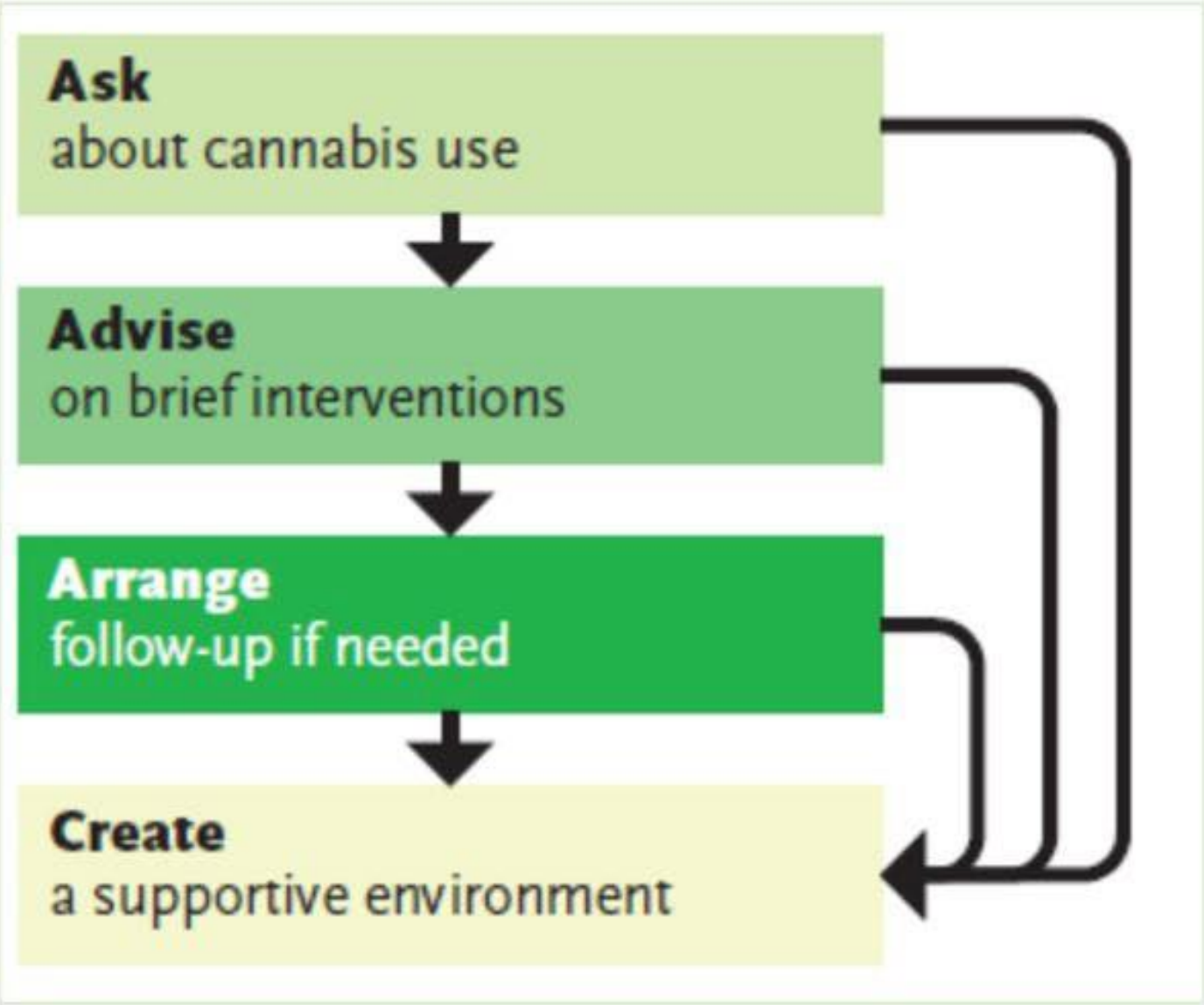
Available via:

[https://kmb.camh.ca/eenet/resources/supporting-](https://kmb.camh.ca/eenet/resources/supporting-pharmacists-in-providing-care-to-patients-using-cannabis)

[pharmacists-in-providing-care-to-patients-using-cannabis](https://kmb.camh.ca/eenet/resources/supporting-pharmacists-in-providing-care-to-patients-using-cannabis)

Cannabis Care Guide
for Pharmacists

2025



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.

Prompts, Guidance, Suggested Wording

<https://kmb.camh.ca/eenet/resources/supporting-pharmacists-in-providing-care-to-patients-using-cannabis>

2
5

Cannabis Care Guide for Pharmacists

Full Guide

- Introduction
- Reason for use
- Access
- Regimen
- Risk Assessment
- Medication Review

Includes Prompts, Guidance, Wording

Appendices

- Next Steps In Your Care
- Follow Up
- Harm Reduction
- Dose Taper/Discontinuation
- Dose Titration/Product Selection

Available for download:

- Full Guide +/- Appendices
- Short Guide – prompts only
- Individual Appendices

Formats:

- PDF
- Fillable PDF



<https://kmb.camh.ca/eenet/communities/mental-health-and-addictions-pharmacists>

Cannabis Care Guide for Pharmacists

2025



ACCESS

- Other healthcare providers involvement
- Cannabis sources
- Costs
- Concerns



3

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

Regimen

- Route of administration
- Frequency
- Amounts
- THC/CBD strengths
- Suggested advice



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

Risk Assessment

- Health risks (e.g., history of psychosis or other mental health concerns)
- Driving
- Screening for cannabis use disorder

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



Drug Interactions

- Medications and substances
- General guidance



7

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/cardio-vascular 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)

Cannabis Care Guide for Pharmacists

2025



Appendices

- Summary for Patient
- Follow-up
- Harm Reduction
- Dose Taper / Discontinuation
- Dose Titration / Product Selection



<https://kmb.camh.ca/eenet/resources/supporting-pharmacists-in-providing-care-to-patients-using->

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: _____

APPENDIX 2: CANNABIS CARE GUIDE FOR PHARMACISTS — FOLLOW-UP

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 (nabixim, 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 minimum THC:CBD ratio of 1:10 for high CBD/low THC product.⁹
 - ☐ 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.¹⁰

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.¹¹

- ☐ Consider adding THC if patient is not reaching treatment goals when CBD dose reaches 40 mg per day.¹² 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 3 days to minimal effective dose, with maximum dose of 40 mg per day. Dose can be divided 2–4 times per day as needed.¹¹

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.^{13,14}

- ☐ 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.¹⁵
- 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.⁶
- 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.⁶

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.¹⁶
- 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%).¹⁸
- 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 2.5–25 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.

Module 1: Foundational Information

80% COMPLETE

What is cannabis (vs. cannabinoids)?

Cannabis effects

Impact of route of administration on effects

Drug interactions

References

- Inflammation

Phytocannabinoids are an exogenous source of cannabinoids and represent just one group of molecules found in the cannabis plant. Other chemical constituents of cannabis include terpenes, steroids, flavonoids, and vitamins ([Abramovici et al., 2018](#)).

Click on some of the components of cannabis to find out more about these classes ([Abramovici et al., 2018](#)):



The relative amount of any and all of the components, and their activity, relies on variables including soil and climate conditions, cultivation techniques, temperature. For example, temperatures over 120 °C increases the amount of active THC through decarboxylation ([Abramovici et al., 2018](#)).

Module 2: Working with Existing Frameworks

50% COMPLETE

- Federal Legislation ☐
- Provincial Legislation ☒
- Medical Cannabis ☐
- Legal Sources of Cannabis - Comparison Chart ☒
- Managing Cannabis in Hospital Settings ☒
- References ☐

high costs associated with law enforcement (Mackay & Phillips, 2010).

An investigative piece published by VICE News outlines the disproportional social harms impacting Black and Indigenous individuals in Canada.

VICE



Black and Indigenous people are overrepresented in Canada's weed arrests

Black and Indigenous men and women have been overrepresented in cannabis possession arrests across Canada in the years since Justin Trudeau became Prime Minister, according to a VICE News investigation based on police data obtained through freedom of information requests.

[READ MORE VICE >](#)

For an insightful overview of cannabis-related social harms, and how legalization can be used to address some of them, watch the following video:

Module 3: Roles and Responsibilities of Pharmacists

50% COMPLETE

Roles and Responsibilities of Pharmacists

Providing Clinical Care

Providing Ethical Care

References



Providing Ethical Care

Whether or not pharmacists are involved in the distribution of cannabis products, ethical challenges may present in working with patients using cannabis. To guide discussions and reflections, clinicians may refer to their organizational ethical frameworks, or to that of the Ontario College of Pharmacists.

Ontario College of Pharmacists' Framework ([Ontario College of Pharmacists, 2017](#)):

- 1 Identify the issue and examine the facts
- 2 Apply guidelines and standards
- 3 Evaluate possible resolutions
- 4 Implement and document your decision-making
- 5 Review and reflect

Additionally, the Ontario College of Pharmacists' Code of Ethics dictates pharmacists' duty to serve patients and society ([Ontario College of Pharmacists, 2015](#)). Fundamentally, 'health care professionals are



Module 4: Translating to Practice

67% COMPLETE

- Case 1
- Case 2
- Case 3

SCRIPT - Part 1 [Click here to access the script]

Case 1 – Part 1– Knowledge Check

 Match (drag) each of the questions asked during Part 1 to the most pertinent rationale for asking:

- "Where do you experience pain and how would you describe it?"
- "Other than the opioids, what else have you tried for your pain?"
- "Do you or does anyone in your family have a mental illness?"
- "Could you tell me about the medications you're taking aside from the morphine and what you're taking them for?"

- "Tell me more about your cannabis use."
- "What other medical conditions do you have?"
- "How would you describe your use of other substances, for example, of alcohol, ecstasy, cocaine?"

Safety

Indication

Audience question: What have you observed in your conversations or research with clients who use cannabis? How might these tools be used to facilitate those conversations?

Summary

- Cannabis use is prevalent in Canada; this applies to medical and general adult use/ 'recreational' use
- Pharmacists are in an important position to support individuals currently using or considering the use of cannabis
- A Cannabis Care Guide for Pharmacists is now available, along with a free, online course

Thank You!

We invite you to check out the
resources and provide us with your
feedback!

