## **Conversations About Cannabis**

With the recent legalization of cannabis, health providers are increasingly approached by patients for information on recreational and medicinal cannabis. Public awareness of the benefits and risks of cannabis use varies widely, and it is critical for health providers to be confident in engaging in conversations about cannabis consumption with their patients. The following are recommended components of an appropriate and effective patient encounter.



Cannabis Education

**Inform** the patient that your role is to provide evidence-based information about both recreational and medical cannabis use (if applicable) with the goal of promoting and protecting patient autonomy. This may include topics such as:

- Legal status
- Safety profile
- Lower risk guidelines for recreational use
- Products
- Effectiveness of cannabis to treat or manage some medical conditions.



Empathetic Dialogue

**Recognize** that discussing current or potential cannabis use may be an uncomfortable conversation for some patients. Reluctance to share information may stem from a variety of factors such as worry over how they may be perceived, embarrassment, cultural issues, or legal concerns. Patients may also fail to disclose symptoms of cannabis use disorder (CUD) if they do not perceive it as a problem. Employ a trauma-informed, nonjudgmental stance and aim to establish rapport with the patient as early in the encounter as possible.



Avoidance of Stereotypes

**Be aware** of your own biases and expectations for certain patient populations. Individuals of all ages, cultures, genders, and socioeconomic groups may engage in cannabis consumption, and every patient is a unique individual.



Drug Interactions

**Be vigilant** for any interactions between cannabinoids and other medications. Examples include:

- Additive effects when cannabinoids are combined with central nervous system (CNS) depressants (e.g. alcohol, opioids).
- Increased clearance of theophylline by 40% with regular use of smoked cannabis.
- Doubled serum THC and CBD concentrations when used concurrently with ketoconazole.



**Advise** patients that cannabis is associated with adverse effects such as impaired memory and concentration, sedation, ataxia, and respiratory and circulatory diseases for some routes of administration. Cannabis used for medical purposes should always be described as a trial that will be discontinued if functional improvement cannot be objectively demonstrated or if harms emerge.



**Assess** the patient's current cannabis consumption prior to consideration of medicinal cannabis. This may be conducted in isolation or in conjunction with other substances (e.g. alcohol). If the patient discloses cannabis use, inquire about purpose, frequency, dosage, and routes of administration. If indicated, screen for **cannabis use disorder (CUD)** 



Additional Support **Patient motivations** to use cannabis may include curiosity, peer pressure, or self-medication for a variety of states such as stress management, depression, anxiety, and sleep disturbances. Provide additional supports and referrals to relevant community services if appropriate.