

# Is Cannabis Safe For My Patients?

As medical cannabis use increases worldwide, clinicians must become comfortable assessing if medical cannabis can be safely used in their patients. This model has been proposed to help facilitate the safe initiation, titration, and monitoring of patients using medical cannabis by Health Care Professionals (HCP).

## Phase I: Prior to Initiation

Risks and benefits should be assessed for each patient.  
These steps determine if cannabis is safe to initiate.

### Step 1: Screen for precautions & contradictions

Assess patient comorbidities & history  
Assess risk for adverse outcomes  
Assess benefit vs risk ratio

### Step 2: Screen for drug interactions

Assess for pharmacodynamic (PD) and pharmacokinetic (PK) interactions

#### Highest concerns:

PD interactions with CNS depressants  
PK interactions with CYP inhibitors or inducers.

## Phase II: Initiation & Titration

Chemovar (strain) and route of administration selection should be according to the individual's safety considerations that were determined in screening.  
To minimize safety risks, a low-dose, slow titration regime is used.

### Step 3: Consider safety of Route of Administration

Routes have different PK properties.

#### Highest Concerns:

Health risks due to smoking or inhalation, especially for those with respiratory conditions  
Ensuring accurate dosing to limit adverse effects.

**Oral oil = preferred.** No respiratory harm, accurate dosing, easy delivery  
Inhalation: increased respiratory risk. May use dried product vaporization.

### Step 4: Consider safety of Chemovars

Strains differ by cannabinoid content.

It's important to know if the safety risk is more related to THC or CBD.  
**CBD-Dominant:** non-impairing, fewer adverse effects, generally the safest.  
**THC-Dominant:** majority of cannabis-related adverse effects and risks

### Step 5: Initiate with Low-Dose, Slow Titration method

Cannabis should be initiated with a low-dose and slow titration regimen. This builds tolerance and is the best approach to avoid impairment and adverse effects.

### Step 6: Set initial monitoring frequency

Continued assessment of risk vs benefit, and to mitigation of control or adverse effects.  
Frequency depends on: prior cannabis use, comorbid medical conditions, adherence to treatment plan. Generally, **initial follow-up is set at 1-3 months.**  
Set at 2-3 weeks for special population (elderly, under 25)

## Phase III: Follow-up

Monitoring/managing interactions and adverse reactions help ensure patient safety. Adjustments should be made accordingly. Symptom control and efficacy should be assessed to compare benefit and risk.

### Step 7: Assessing efficacy & symptom control

Track product details (chemovar, route, dose)  
Track improvements and worsening of symptoms  
Re-evaluate risk vs benefit

### Step 8: Assessing & managing adverse effects

Assess if the patient has any cannabis-related adverse effects. Develop a strategy to manage them.

### Step 9: Assessing medication changes





Assess from an outcome perspective  
Assess from a drug interaction perspective.

### Step 10: Set future follow-up frequency

Individualize follow-up based on the patient  
Once stabilized, follow-up will likely occur less often

## Information:

- For information on impairment see: Eadie et al. Duration of Neurocognitive Impairment with Medical Cannabis Use: A Scoping Review. *Frontiers in Psychiatry*. In press spring 2021.
- For more resources on cannabis safety visit: [Safe-cannabis.com](http://Safe-cannabis.com)
- The authors are in the process of submitting a manuscript for peer review discussing this model in greater detail

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