



A PODCAST
BY PHYSICIANS
FOR PHYSICIANS

HOSTED BY DR. DAVID GRATZER

October 17, 2018

Quick Takes

Episode 1: What all physicians need to know about cannabis legalization

[Musical intro]

Dr. Gratzner: [00:00:04] My name is Dr. David Gratzner. Welcome to our series. Today we're joined by Dr. Jonathan Bertram who is a physician affiliated with CAMH in the addiction division. And he's also somebody with great expertise in the field. He serves as the co-chair of the working group on cannabis use disorder guidelines for older adults. It's part of a Canadian Coalition for Seniors Mental Health efforts. He's also a board member of the Ontario College of Family Physicians. He's also in clinical practice like me. Welcome Dr. Bertram.

Dr. Bertram: [00:00:35] Hi David. How are you?

Dr. Gratzner: [00:00:37] Good. There is lots going on with legalization and there's a policy aspect to this, and there's an economic aspect to this, and there's a larger societal fate. This is a podcast series for physicians by physicians. So let me ask you, as a clinician what should we be thinking about?

Dr. Bertram: [00:00:53] Well I think probably the most important thing is what we might come across immediately. Acute intoxication is probably the most straight-forward and also perhaps the most prominent when it comes to headlines and presentations in the emergency.

Dr. Gratzner: [00:01:09] And tell us what an acute presentation might look like.

Dr. Bertram: [00:01:11] Sure. So acute intoxication with cannabis can happen either because a person is naive to cannabis, naive to the potency of cannabis that they're using, or maybe using more than they normally do — which is basically a variation of potency. And similar to what's happened in the States, what we anticipate potentially happening here, especially with retail cannabis, is that potency will increase and people will be using far more of the strong stuff relative to what they're used to, or as a first time, far more than what they expected. And so they may come in with acute nausea, vomiting, increased paranoia, anxiety some of what you see with hyperemesis that I'll try to highlight a bit later. And you know very much either very aware of the fact that it's associated with their can-

nabis use or maybe thinking that it's for some other reason.

Dr. Gratzner: [00:02:04] I'm a CAMH doctor doing a shift in the ED. Or perhaps, like you, I'm working in an out-patient clinic. Describe to me a patient who walks through the door with acute intoxication.

Dr. Bertram: [00:02:15] Sure it's you know it's probably someone who's vitals are not entirely stable either with really, really high blood pressure or, in some cases, actually telling you that they feel real faint when they are about to get up so that sort of postural hypertension picture. Somebody who's probably diaphoretic, so sweating quite a bit, and confused by the fact that they're really nauseous and vomiting quite a bit just because they probably expect that the cannabis is going to be doing something different about that or sort of dealing with that. They might tell you that they just tried cannabis for the first time or they try something from the store because they wanted to see what it was like or that they've been using cannabis for a while and they decided to go with something that seemed a little bit like what they normally get from whomever it is that they get from. And they just can't understand why it is that they're feeling this way.

Dr. Gratzner: [00:03:09] Any in terms of history one might take from a patient, what sort of questions one might ask?

Dr. Bertram: [00:03:14] Well the most important thing is getting just you know your typical sort of substance use history – which of course in this case would be cannabis use history – and identifying: if this is the first time they used cannabis, or if they used cannabis before; how long they've been using cannabis for; and the means by which they were getting it; and also the means by which they were using it. While legalized cannabis is going to be available inhaled, and we're really only looking to see different formulations maybe a year from now, it's quite possible that they're mixing what it is that they get illicitly with what they were getting the legalized store. So that means they were using will be important.

Dr. Gratzner: [00:03:48] In terms of treating the acute intoxicated state.

Dr. Bertram: [00:03:51] So most of that is really symptomatic. So managing symptomatic presentations along the lines of nausea, vomiting. Some of the intersection between acute intoxication with cannabis and cannabis hyperemesis is that you know we often use Haloperidol and that would still be reasonable in this type of a setting, but especially when we're talking about someone who's naive to cannabis use. You know really addressing if they're sweating – going with Clonidine. If they're nauseous, vomiting, something as simple as ginger. And that's available even as a formula you order in our emerg in our hospital. And in cases where they are acutely anxious, especially if they've got a historical sort of issue with anxiety, then what's used normally just as far as short-acting Benzodiazepines might be useful, again in that very sort of acute presentation, short-period stay in emerg or in an out-patient setting.

Dr. Gratzner: [00:04:46] Do you think we're likely to see more cannabis use disorders?

Dr. Bertram: [00:04:50] I think that that is both a concern for the short term in ways that I don't think everyone anticipates and certainly in the long term although there are lots of biases around that. I think in the short term it may be that people having availability or access to cannabis through different streams are now increasing their use of cannabis. The socialization of cannabis use is not a new phenomenon so it's not like it's suddenly become a cultural norm. But the access of it in more frequent ways may become a new phenomenon or certainly a more developed phenomenon. So there might be more normalization in terms of where you get it from. And so in that respect, people who maybe previously were using cannabis on and off, maybe using it problematically but not and they use disorder sort of way, might begin to increase their use and by virtue of that develop a use disorder.

Dr. Gratzner: [00:05:46] You see somebody in an outpatient clinic and they're not acutely intoxicated. What are some things you think should be highlighted on a history?

Dr. Bertram: [00:05:54] The most important is what is very much I think in line with what was out there with the College of Family Physicians of Canada's 2014 position document, which is people with mental health disorders are the people with whom we need to raise the most caution around cannabis use. And so establishing what their previous mental health history is, is quite important. Especially because in many cases people may be thinking that that's in fact an indication for the use of cannabis. Post-traumatic stress disorder, established anxiety disorders across the spectrum, established depressive disorders, but also poly-substance. And in many cases people are feeling as if they are using cannabis in ways that are productive as a means of mitigating their cravings, urges, anxiety, related to other substance use. So getting a good idea of what their substance usage history is, is also important.

Dr. Gratzner: [00:06:50] Thinking about a patient I saw recently. She is panic disorder. She's really struggling. The sort of person who has difficulty going to work even though historically she's highly functional. She comes to my office and explains that cannabis helps. It's a difficult conversation because, on the one hand it does help at least short term, on the other hand we see it as part of the problem. What are some phrases or observations you've made in such patients that we can find helpful?

Dr. Bertram: [00:07:15] I get this question asked a lot by patients in part because my practice is mixed. I work in Bowmanville two days a week in a community practice looking at chronic pain and addiction. So the question often is whether it's anxiety or whether it's pain – proofs in the pudding – I'm using marijuana and I'm feeling better. Or someone else used it and they clearly are showing better. And I usually tell them what works, and what you feel works, is not the same thing as what's going to work long term. And so sustainability versus effect are two very, very different courses and they very much define or influence what a person is going to decide to take. The other piece is that when a person is using something therapeutically they are actually far more likely to use more frequently and a greater intensity than they were recreationally. And so what they are at risk for actually starts to elevate because they're exposing their system in ways that they normally wouldn't.

Dr. Gratzer: [00:08:05] What are some comments you've made to patients about reducing marijuana use? Say with an anxiety disorder or comorbid PTSD disorder.

Dr. Bertram: [00:08:13] The main thing I try to emphasize is that tapering is not just a therapeutic exercise it's a learning exercise. Which is, in and of itself, therapeutic of course. Doesn't always feel therapeutic though when a person is feeling really anxious as they come down off of their dose. So what we try to look at is just general principle. And the general principle I tend to employ with decreasing is 10 percent. So let's talk about how much you use, how much you pay, or what you think an ounce looks like for you, how many joints it is that you're using. And let's look at how you can decrease that, either by 10 percent in terms of the amounts that you're using, or 10 percent in terms of its frequency throughout the week. So if you're using two joints three times a day seven days a week. Well, you know, if you do the math on that quickly that's more than 40 joints a week. So if we're at least coming down by 4 joints sum total per week we can manipulate the different times of the week that you're using, in a decreased manner, and let's use that as an opportunity to see whether or not if that's closer to night – you're having trouble sleeping or difficulty with anxiety – or that's a pain related issue an intersection with pain, increased pain. And then let's do a quick follow up to identify what it is that we can do. Let's also establish a way of addressing that so that you're coming to see me, or you're seeking safe supports, rather than going back to cannabis in order to deal with that sudden deficit.

Rapid Fire

Dr. Gratzer: [00:9:35] What I thought we might do is, again, try and cram a lot into one minute. It's meant to be a little bit of fun. So let's try one minute of rapid fire questions and continue the conversation. Are we ready? Let's go.

Dr. Gratzer: [00:09:49] Is this a big deal?

Dr. Bertram: [00:09:50] It's a huge deal.

Dr. Gratzer: [00:09:51] This is a game changer?

Dr. Bertram: [00:09:53] Yes absolutely.

Dr. Gratzer: [00:09:54] What do you think we're going to see in the emergency department: more cannabis use? less cannabis use? neither?

Dr. Bertram: [00:10:01] I think we'll see more cannabis use.

Dr. Gratzer: [00:10:02] Are we going to see more cannabis use disorders as well?

Dr. Bertram: [00:10:05] Most likely.

Dr. Gratzer: [00:10:06] Are going to see other substances increase in terms of use disorder?



Dr. Bertram: [00:10:09] Absolutely, and I think we might even see more substance histories being discussed as a result of this.

Dr. Gratzer: [00:10:15] What is the biggest change do you think we're going to notice in terms of a society that has legalized pot?

Dr. Bertram: [00:10:19] I think that we're probably going to see less stigma. That's a positive. But with that we might sometimes see some misplaced confidence.

Dr. Gratzer: [00:10:29] What's the biggest piece of advice you give to doctors with legalization?

Dr. Bertram: [00:10:33] Get the information. Be willing to talk about cannabis. Cannabis is not the same as cannabis use disorder, but cannabis does come with both consequences and obviously patients receive benefits.

Dr. Gratzer: [00:10:45] What are you worried most about?

Dr. Bertram: [00:10:47] Mainly the impact it's going to have on cannabis use disorders.

Dr. Gratzer: [00:10:50] Just one last question at the buzzer. Do you favour legalization doctor?

Dr. Bertram: [00:10:54] I favour legalization with regulated distribution.

[00:10:58]

[Outro]

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Until next time.

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