

## Cannabis for medical purposes among Canadian children and youth

The use of cannabis for medical purposes occurs when an individual exposes oneself or someone else to common forms of cannabis (e.g., marijuana, cannabis extracts) for therapeutic rather than recreational purposes. There is minimal evidence to support the therapeutic use of cannabis among children. Unlike specific cannabinoid agonists such as Cesamet® and Sativex®, cannabis is not an approved drug, and does not have an assigned Drug Information Number (DIN). Canadian physicians can, however, authorize the use of cannabis for children and adults under certain conditions and it may be purchased from licensed producers. Some children and adolescents may also use cannabis for medical purposes acquired outside current regulations. The Canadian Paediatric Surveillance Program is conducting a one-time survey to assess the extent to which paediatricians have authorized, counselled, or observed the use of cannabis for medical purposes among Canadian children and adolescents.

**Your contribution is greatly appreciated.**

**All of the following questions relate to patients 18 years of age and under.**

1. Which of the following best describes your practice?  
 General paediatrician    Paediatric subspecialist; specify: \_\_\_\_\_    Other, specify: \_\_\_\_\_

2. Number of years in practice:    ≤5    6–10    11–15    16–20    21–25    26–30    >30

3. Gender:    M    F

4. Please indicate the first three digits of the postal code of your practice:   \_\_\_   \_\_\_   \_\_\_

5. Practice setting (check all that apply):  
a)    Urban    Suburban    Rural/remote  
b)    Academic    Non-academic  
c)    Inpatient hospital ward    ED/urgent care centre    Outpatient clinic    Private office/community setting

6. Were you aware that Canadian physicians could authorize the use of cannabis for medical purposes?  
a) to a child    Yes    No  
b) to an adolescent    Yes    No

7. Do you believe that there are appropriate indications to support the authorization of cannabis for medical purposes in children and youth?    Yes    No    Unsure

***If you do not care for children and/or adolescents in your practice (i.e., newborn care only), we thank you for completing the survey.***

***If you answered 'No' or 'Unsure' in question 7, please proceed to question 9.***

8. If you answered 'Yes' to question 7, for each indication, please identify whether cannabis should be a first line agent, or a treatment for refractory conditions, and whether it would be appropriate for a child or an adolescent patient, or both.

Acute pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Chronic pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Palliative care	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Nausea/vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Spasticity	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
Anxiety	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___
ADHD	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>If yes</i> , First line ___ or Refractory condition ___	<i>If yes</i> , to: Child ___ Adolescent ___ or Both ___

Other, specify: \_\_\_\_\_

9. What factors may lead you to refrain from authorizing cannabis use for medical purposes by a child/adolescent (check all that apply):

<input type="checkbox"/> Personal knowledge	<input type="checkbox"/> Personal beliefs	<input type="checkbox"/> Availability of relevant continuing medical education (CME)
<input type="checkbox"/> The state of the medical evidence on clinical efficacy	<input type="checkbox"/> The state of the medical evidence on dosing/toxicity	
<input type="checkbox"/> Concern for potential abuse/dependence	<input type="checkbox"/> Concerns for potential long-term impacts	

(.../2)

10. What is your level of knowledge regarding:
- Why** cannabis may be authorized for medical purposes to a child/adolescent (conditions, reasons, expected benefits)  None  Minimal  Fair  Expert
  - What** cannabis products may be authorized for medical purposes to a child/adolescent (formulations and dosages)  None  Minimal  Fair  Expert
  - How** cannabis may be authorized for medical purposes (provincial policies, monitoring for efficacy and side effects) to a child/adolescent  None  Minimal  Fair  Expert
11. Have you ever received training on the use of cannabis for medical purposes for children/adolescents?  Yes  No  
If 'Yes', where/how:  Medical school  Residency  Congress/meeting  Personal CME  
 Other, specify: \_\_\_\_\_
12. Have you ever counselled a parent or adolescent **against** using cannabis for medical purposes (authorized or not)?  
Parents:  No  Yes *If yes, how many times in the past 12 months?* \_\_\_\_\_  
Adolescents:  No  Yes *If yes, how many times in the past 12 months?* \_\_\_\_\_
13. Have you ever counselled a parent, or adolescent **for** using cannabis for medical purposes (authorized or not)?  
Parents:  No  Yes *If yes, how many times in the past 12 months?* \_\_\_\_\_  
Adolescents:  No  Yes *If yes, how many times in the past 12 months?* \_\_\_\_\_
14. Over the past 12 months, how many times were you asked by parents or patients to authorize cannabis for medical purposes?  Never  1–5 times  6–10 times  More than 10 times
15. Over the past 12 months, have you referred a patient to another provider for authorizing cannabis use for medical purposes?  Never  1–5 times  6–10 times  More than 10 times
16. Over the past 12 months, have you encountered patients in your practice using cannabis for medical purposes (authorized or not)?  Yes  No

***If you never encountered a child or adolescent using cannabis for medical purposes (authorized or not) in the past 12 months, we thank you for completing the survey.***

***Remember that all of the following questions relate to patients 18 years of age and under for the past 12 months.***

17. Please indicate the age of patients you have encountered who have used cannabis for medical purposes.  
Authorized: <5 years: how many: \_\_\_\_\_ 5–11 years: how many: \_\_\_\_\_ ≥12 years: how many: \_\_\_\_\_  
Not authorized: <5 years: how many: \_\_\_\_\_ 5–11 years: how many: \_\_\_\_\_ ≥12 years: how many: \_\_\_\_\_
18. Please indicate for what medical purposes patients were using cannabis (check all that apply):  
 Acute pain  Chronic pain  Palliative care  Nausea/vomiting  Spasticity  Epilepsy  
 Anxiety  ADHD  Others, specify: \_\_\_\_\_
19. What was the formulation used in the majority of cases?  Marijuana  Cannabis oil  Unknown  
 Other, specify: \_\_\_\_\_
20. What was the route of cannabis administration in the majority of cases?  
 Oral  Inhaled  Unknown  Other, specify: \_\_\_\_\_
21. What was the frequency of cannabis use in the majority of cases?  
 Less than daily  Once a day  Several times a day  Unknown
22. How many patients seemed to benefit? (For example: reduced seizures, less physical limitation from pain or pain relief, decreased nausea, increased weight, etc.)  0–24%  25–49%  50–74%  75–100%  
Which benefit(s) : \_\_\_\_\_
23. How many patients encountered adverse effect(s)? (For example: excessive sedation, agitation, withdrawal symptoms, possible psychotic symptoms, dependence, etc.)  0–24%  25–49%  50–74%  75–100%  
Which adverse effect(s) : \_\_\_\_\_
24. Have you ever authorized the use of cannabis for medical purposes?  Yes  No

**Investigators:** R Bélanger, C Grant, E Donner, M Rieder, V Breakey, J Laflamme, AM Pinard

**Please return this survey with your monthly reporting form.**

**Thank you for your participation.**

01/2017