

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

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Please return this survey with your monthly reporting form.

Thank you for your participation.

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