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:


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):
   - □ Urban
   - □ Suburban
   - □ Rural/remote
   - □ Academic
   - □ Non-academic
   - □ 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:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Chronic pain:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Palliative care:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Nausea/vomiting:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Spasticity:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Epilepsy:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - Anxiety:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, to: Child___ Adolescent___ or Both___
   - ADHD:  □ No  □ Yes, if yes, First line__ or Refractory condition__ if yes, 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):
   - □ Personal knowledge
   - □ Personal beliefs
   - □ Availability of relevant continuing medical education (CME)
   - □ The state of the medical evidence on clinical efficacy
   - □ The state of the medical evidence on dosing/toxicity
   - □ Concern for potential abuse/dependence
   - □ Concerns for potential long-term impacts
| 10. | What is your level of knowledge regarding:  
   a) Why cannabis may be authorized for medical purposes to a child/adolescent (conditions, reasons, expected benefits)  
      □ None □ Minimal □ Fair □ Expert  
   b) What cannabis products may be authorized for medical purposes to a child/adolescent (formulations and dosages)  
      □ None □ Minimal □ Fair □ Expert  
   c) 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  
| 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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