META:PHI NEWSLETTER
MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION | PARTNERS IN HEALTH INTEGRATION
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PROGRAM INNOVATION

Cannabis Care Guide for Pharmacists

Beth Sproule RPh, BScPhm, PharmD
Scientist, Pharmacy, Centre for Addiction and Mental Health (CAMH)

The Cannabis Care Guide for Pharmacists was conceived and developed by pharmacist and researcher Laura Murphy, whose academic work with UHN's KITE Research Institute focused on pain management and the relationship between cannabis and opioid use. Her experience managing patients' cannabis-related questions led to her idea of community pharmacists providing care for people using cannabis. Tragically, Laura passed away in 2024. The research team* has continued her work to produce this guide.

Based on Laura's experience, the team hypothesized that pharmacist-led cannabis screening, assessment, and interventions could contribute positively to patient safety and health more generally. This guide provides pharmacists with prompts on how to broach the topic, suggested wording to use, as well as key information to gather (e.g., how cannabis is accessed, whether there is other healthcare provider involvement, etc.). It also includes guidance on risk assessments associated with cannabis use, such as potential drug interactions and cannabis use disorder (CUD) screening.

The development of the guide started with usability testing followed by a small feasibility study. Both were conducted by pharmacist Avery Loi during his residency and graduate studies, with funding from the Canadian Foundation for Pharmacy. Four Ontario community pharmacists participated in the exploratory feasibility study, using the guide in their practice sites. Over a 3-month period the pharmacists approached 146 patients about cannabis use, of whom 47 (32%) reported current cannabis use, and 18 (38%) underwent the consultation using the guide. The most common reasons cited for using cannabis were pain, sleep difficulty, or a mental health concern. Only 20% were working with another healthcare provider in relation to their cannabis use, and almost half of them were using prescription medications for the same reason they were using cannabis. Over 60% of these patients were using smoked cannabis, and over 50% did not know the THC or CBD content of their cannabis.

These findings support a role for healthcare professionals to engage and assist patients using cannabis. The interventions by pharmacists in this study included recommendations for reducing or discontinuing cannabis, referral to another healthcare provider, and flagging potential drug interactions. From the pharmacists' perspective, they indicated feeling empowered, and that using the tool boosted their confidence in raising the topic of cannabis use with patients. As an example, one pharmacist noted that a patient expressed appreciation that the information and recommendations presented in the guide were non-biased.

The work evaluating the guide and its use, as well as providing updates, will continue. Our hope is that this guide can be helpful to pharmacists and other healthcare providers, and supplement the cannabis continuing education programs available. The guide is freely available on the CAMH Evidence Exchange Network. Feedback and suggestions welcome!

*Research team members: Beth Sproule, Avery Loi, Marisa Battistella, Olavo Fernandes, Andrea Furlan, Maria Zhang, Bruna Brands, Karen Ng, Rachael Bosma.

FACES FROM THE FIELD

Shannon Bailey BSc.N (Hon), MN-NP
Nurse Practitioner, Norfolk General Hospital - Holmes House

I am an adult-geriatric nurse practitioner (NP). I spent most of my career in long-term care before transitioning to addictions. I have always had special interests in palliative care and mental health. My intention as an NP is to be empathetic, holistic, and provide care at a level that I would want my own loved ones to receive. I feel that my time in long-term care helped me to build a competent understanding of primary care, chronic disease management, and palliation that ultimately lead me in the direction of addictions. I completed a certificate in Mental Health and Addictions for NPs in 2022, and in February of 2025 I was fortunate enough to join Holmes House.

Holmes House is a community-based addiction support program located in the heart of Simcoe, Ontario. As a program funded by the Ministry of Health and part of Norfolk General Hospital, Holmes House offers a safe and supportive environment for individuals looking to make changes to their substance use. We provide withdrawal management services, a 4-week bed-based treatment program, counselling, community support groups, and medical care with a multidisciplinary, evidence- based approach.

On a typical day, I will see clients for admission assessments, discharge planning, episodic illness, monitoring clients in withdrawal, requesting consultations, and everything in between. My role largely supports continuity of care during their stay and ensuring that care is bridged with their RAAM clinic of choice. I also understand that our clients are sometimes transient in the health care system and may not have had comprehensive care for an extended period of time. I try to make the most of my time with these clients and ensure appropriate screening is completed and referrals are made before their departure. I am also able to refer clients to addiction psychiatry, which is extremely beneficial for treating the large population of clients I care for with concurrent disorders.

The clients I serve are a constant source of inspiration and it is a privilege to be a part of their recovery journey. I was apprehensive when I decided to take the position at Holmes House, largely because it was new and out of my comfort zone. I am still learning something new each day, and I am so grateful for the continued patience, support, and mentorship I have received from the entire team at Holmes House, especially Stephanie Rochon RPh.T., Dr. Tanya Hauck, and Dr. Parminder Bahra. While my role certainly has an impact on the care Holmes House provides, I must emphasize that our success belongs to our entire dedicated team of care attendants, social service workers (SSW), registered social workers (RSW), administrative support, management, our physicians, and our clients. These are the people that make my work meaningful.

EVENTS

2025 Webinar Series - Session #10 - Wed Dec. 17, 7-8:30pm
'Geriatric Considerations for the Care of Older Adults with SUDs'
Ari Cuperfain, Jonathan Bertram, Marilyn White-Campbell
Register HERE

2025 RAAM Clinic Survey Hilights

1. Summary and Hilights

Sarah Clarke
Knowledge Broker, META:PHI

Every year, META:PHI conducts a survey of Ontario's publicly funded rapid access addiction medicine (RAAM) clinics. The goals of the survey are to keep our provincial directory of RAAM clinics up to date, to understand how RAAM clinic care is delivered across the province, and to identify ways that META:PHI and other provincial bodies can support RAAM clinics. The survey data is compiled into a report, which we share with the clinics and with our government partners. This year, we received 76 survey responses from RAAM clinics across the province. Here are some of the highlights:

- Most responding clinics (72/76) offer drop-in services.
- It is very rare for someone to attend a RAAM clinic and not be seen; only three clinics reported seeing all drop-in attendees less than 90% of the time.
- The majority of the clinics provide support for all or most substances, including alcohol, opioids, stimulants, benzodiazepines, cannabis, and nicotine.
- Over 95% of the clinics prescribe naltrexone, acamprosate, gabapentin, sublingual buprenorphine, and depot buprenorphine. Fewer clinics report prescribing slow-release oral morphine (54/76) and methadone (44/76), but their availability is increasing; six sites have started prescribing slow-release oral morphine in the past year, and three sites have started prescribing methadone.
- Approximately 19,135 people were reported to have been seen at 63 RAAM clinics between 1 April 2024 and 31 March 2025. The most common substance of concern was alcohol.
- Over a quarter of responding clinics (20/76, 26.3%) have both physician and nurse practitioner prescribers. Thirty-six clinics (47.3%) have only nurse practitioner prescribers, and 20 (26.3%) have only physician prescribers.
- Many sites described challenges related to staffing, including difficulties recruiting and retaining staff and a lack of dedicated funding for staff positions. Many sites reported wanting additional team members, especially peer support workers, nurse practitioners, and counsellors.

This year's survey asked respondents to describe a meaningful interaction that showcases the work of the clinic. Here's one response: "Recently, an individual presented to a Walk-In Clinic for assistance due to experiencing homelessness and acute symptoms of a mental health issue being exacerbated by active substance use. Client agreed to explore services offered by the RAAM Program as well as other services offered by the clinic. After approximately six weeks, client was able to reduce his use of substances to the point of being able to find housing and gainful employment."

This story illustrates many key aspects of RAAM clinic care: the accessibility of the drop-in model, the multiple challenges that many people who use substances face, the value of integrated care, and the importance of meeting clients where they're at to help them reach their goals.

As always, META:PHI is grateful to everyone who took the time to respond to this survey, and we're pleased to have an opportunity to showcase the excellent work being done at RAAM clinics.

2. Recommendations to the Ministry of Health

Meldon Kahan
Medical Director, META:PHI

As in previous annual RAAM clinic surveys, RAAM clinicians and administrators expressed strong support for the RAAM model of care but were deeply concerned about inadequate funding levels and resources. Based on these concerns, META:PHI has drafted a series of recommendations for provincial funders (pg 43-44 of report) including:

Funding to ensure adequate access to services: All RAAM clinics should be provided with funding that allows them to offer drop-in services that meet the following criteria:

- All core services are available (access to a prescriber, psychosocial support, harm reduction supplies and education, peer support).
- There is a minimum of nine hours of drop-in service per week over three days per week; that is, a schedule that allows people to be seen within three days of referral/decision to attend.
- Services can be offered virtually or in person, and at least 90% of drop-in clients are seen at each clinic

Funding for needs assessments: Funding should be allocated for a provincial needs assessment that looks at individual RAAM clinics in the context of local community care pathways (including primary care, withdrawal management, emergency departments, and community addiction care). The results should be used to determine the funding needs of individual RAAM clinics and inform funding agreements between Ontario Health and RAAM clinics.

Funding to improve staff recruitment and retention: All RAAM clinics should be provided with funding that allows them to provide staff with salaries that are competitive with other sectors and institutions, e.g. RAAM clinic nurse practitioners should be paid on par with nurse practitioners who work in hospital settings. Clinics should be funded to recruit and retain appropriate staff to provide all core services: access to a prescriber, psychosocial support, harm reduction supplies and education, and peer support.

Directive for RAAM clinics to distribute harm reduction supplies: The availability of harm reduction supplies through RAAM clinics is increasingly important given their decreased availability across the system. The RAAM clinic setting offers an opportunity to provide these supplies alongside counselling and education as well as paths to treatment. A clear directive should be issued to all RAAM clinics that the distribution of harm reduction supplies is within their mandate.

Funding for initiatives that address specific community needs: Many RAAM clinics serve populations that have specific needs, such as youth, people who use stimulants, First Nations individuals, etc. The Ontario Health regional Mental Health and Addiction leads should make funds available for initiatives proposed by RAAM clinics within their region to meet these specific community needs.

We are actively pursuing these recommendations with the Ministry, who recognizes that RAAM clinics are a core service which provide life-saving treatment to communities throughout Ontario.

The META:PHI team wishes everyone a peaceful and restful break.
See you in January !