Cannabis for Medical Purposes for Children in Alberta

Alberta Health Services
Maternal Newborn Child & Youth Strategic Clinical Network™

ALBERTA MEDICAL ASSOCIATION

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Family physicians and non-pediatric specialists should not authorize cannabis for medical purposes in pediatric patients.

Most available information about cannabis use in childhood is adult-focused and not applicable to children. Information for adolescents is mostly related to non-medicinal use and not transferable for medical purposes.

Evidence

In Alberta, authorizing the use of cannabis for pediatric patients is not appropriate for GPs, family physicians, and non-pediatric specialists—even adult pain specialists.

- There is scant evidence for cannabis use for medical purposes in pediatrics; studies are generally small and flawed
- Because the body's endocannabinoid system takes on different roles at different times during development, it is unwise to extrapolate clinical effects or harms from adult studies to put into practice in infants, children, or teens
- Additional errors interpreting evidence are common with studies using different forms of cannabis (pharmacologic vs plant; CBD vs THC), inhaled vs enteral, intermittent vs continuous, and short term studies with long term use

About Medical Cannabis

Exposure to cannabis for medical purposes can occur throughout the pediatric lifespan: indirectly during pregnancy and breastfeeding and directly to the infant, child, or teen. There is growing evidence that adverse effects can take years to emerge and are often more severe with longer duration of use and with younger ages of initial exposure. Cannabis is not recommended when breastfeeding. Use a non-judgmental, harm-reduction approach to minimize cannabis exposure in the infant if the mother is unable to stop using cannabis.

Plant-Based Cannabis

- Often produced in the form of oils that are offered in several ratios (high in THC:low in CBD; equal THC:CBD; or low in THC:high in CBD)
- Only Health Canada Licenced Producers can sell cannabis for medical purposes to children. Retail sellers, or "cannabis stores," cannot
- Parents and family members cannot provide their legal products to children

Pharmaceutical Grade Cannabis

- Synthetic or plant derived
- Uniform and have a DIN #
- Limited in Canada to nabilone (THC only tablet) and nabixomols (THC:CBD oral spray)
- No pharmaceutical grade CBD is available in Canada

Abbreviations

ADHD	Attention deficit hyperactivity disorder
CBD	Cannabidiol
CINV	Chemotherapy-induced nausea and vomiting
DIN	Drug identification number
GVHD	Graft versus host disease
THC	Tetrahydrocannabinol

Key Takeaways

1. Health Canada does not approve cannabis for any pediatric conditions at this time
2. Cannabis has side effects and many unknowns in terms of long-term effects in children
3. Non-pediatric providers should not prescribe medical cannabis to children; known effective management must be prioritized and the whole child considered

Relationship Building

Many families are committed to a cannabis trial despite the lack of evidence. Some families may already be using cannabis for their child's condition.
Aim to maintain a safe, non-judgmental space for continuing the discussion. Multiple appointments may be required for families to feel heard.

More Information

Canadian Public Health Association

Health Canada

RxFiles

Adverse Reporting

Breastfeeding Harm Reduction

Families may ask about medical cannabis in the following clinical scenarios:

Seizures

- Use should be determined by a child's pediatric neurologist on a case-by-case basis
- CBD can be helpful in specific patients, but is not first line and often multiple agents are attempted prior to adding a cannabis trial
- CBD is not appropriate in all types of seizures, nor in every situation with intractable seizures

Nausea

- Pharmaceutical THC may be helpful as an adjuvant therapy in chemotherapy induced nausea and vomiting (CINV), but studies have limitations
- Most randomized controlled trials were compared to placebo or to domperidone (Motilium), metoclopramide (Maxeran), or prochloperazine (Stematil), which are rarely used for CINV today
- There are few studies of cannabinoids of any type comparing its use to the current standard of care; today, this typically includes a selective 5HT receptor antagonist (i.e. ondansetron), alone or in combination with steroids (usually dexamethasone), and an NK1 receptor antagonist (i.e. aprepitant)
- Dronabinol, the cannabinoid most studied for this indication, is not available in Canada; Nabilone can be tried for CINV and is on the Alberta Health Services formulary
- In Alberta, pediatric CINV is managed by the patient's oncology team or ASSIST (North or South)

Cancer

- There is insufficient evidence to support any use of cannabis as a tumour-fighting agent in pediatrics, nor does it have a role in immune modulation for GVHD
- These uses should be actively discouraged in pediatrics due to potential risk for harm

Autism/ADHD

- There is insufficient evidence to recommend cannabis for difficult symptoms related to autism or ADHD
- At this time, its use should be avoided for this purpose due to the risk of harm

Pain

- There is no current role for using cannabis to treat acute pain; there is controversial evidence for the use of cannabis in adult chronic pain and essentially no evidence in pediatrics
- Despite pain being a frequently reported reason for self-medicating with cannabis, cannabis use for chronic pain treatment is not endorsed at this time
- There are very limited instances where cannabis use in chronic pain would be considered, and the management of this sort of complex, chronic pain should remain firmly in the realm of pediatric subspecialists
- There is no role for the general practitioner, nor the adult pain physician, to be authorizing cannabis to help with pain in pediatric patients

Tone

- There is insufficient evidence to recommend cannabis for tone in pediatrics
- Any consideration should remain firmly in the realm of subspecialists

Appetite

- This includes, but is not limited to, children with cancer, eating disorders, and intestinal insufficiency/failure
- Cannabis should not be used to promote the appetite of pediatric patients and should be discouraged due to potential risk for harm
- This applies to children with cancer, eating disorders, intestinal insufficiency or failure, etc.

Intractable Symptoms

- There is insufficient evidence to recommend cannabis for intractable symptoms in pediatrics such as irritability or difficult behaviours (e.g. self-harm)
- Any consideration should remain firmly in the realm of subspecialists

Mental Health

- There is insufficient evidence to support any use of cannabis for sleep, mood (depression, anxiety), or tics in pediatrics
- These uses should be actively discouraged in pediatrics due to potential risk for harm

Note: When dealing with refractory symptoms in pediatric patients, sub-specialists may consider the use of cannabis for medical purposes in the context of other ongoing treatments. In these cases, serial measurement of the target symptoms using rating scales or symptom trackers is essential. Clinicians and the family must actively monitor for side effects and interactions with other treatments. Adverse events should be reported.