



## Impaired in the Chair? Cannabis and the Dental Hygiene Process of Care

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With the recent legalization of cannabis in Canada, many dental hygienists have been asking about the impact of cannabis on the dental hygiene process of care. Cannabis use has many side effects that vary based on the person and potency. These can have implications for both oral health and dental hygiene treatment. In some cases, dental hygiene appointments may need to be rescheduled for safety.

Factors to consider when treating clients who use cannabis for recreational or medicinal purposes include:

- the client's capacity to provide consent
- the impact of the side effects of cannabis use on dental hygiene care and oral health
- the interactions of cannabis with local anesthetics and prescribed medications

First, let's look at cannabinoids, the components of cannabis that affect the cell receptors in the brain and may cause impairment. Cannabidiol (CBD) is a cannabinoid that has therapeutic uses but does not intoxicate. Delta-9-tetrahydrocannabinol (THC) affects the way the body and brain respond to cannabis and creates the feeling of being intoxicated or impaired. The concentration of THC determines how cannabis will affect the brain and body. Cannabis in dried forms can contain up to 30% THC. Cannabis oil, which may be used on its own or to produce edibles, can contain up to 3% THC. Edibles may also be made from extracts that may contain up to 90% THC.<sup>1</sup>

Along with the levels of THC, the method of cannabis consumption will have an impact on how and when it affects the brain and body. Typically, effects will be felt immediately after smoking dried cannabis and last two to four hours. Side effects from vaping dry flower or oil will typically occur within five minutes and last three to six hours. The onset of side effects from edible cannabis tends to be delayed one to three hours due to digestion and these effects tend to last longer. Oral ingestion of oils tends to produce side effects within one to three hours and will last approximately 10 hours.<sup>2</sup>

Now, let's consider consent. How will you know if your client's ability to give consent is impaired? How do you determine capacity for consent? According to the *Dental Hygienists' Code of Ethics*, dental hygienists must "actively involve clients in their oral healthcare and promote informed choice by communicating relevant information openly, truthfully, and sensitively in recognition of their needs, values, and capacity to understand"<sup>3</sup> to obtain informed consent. The considerations for informed consent for clients who use cannabis are the same as for clients who consume alcohol or take prescription medications that cause impairment. There are no explicit rules for determining the capacity of a client. You must perform an assessment and use your professional judgement.

During the initial interview look for signs and symptoms of cannabis use such as glassy or bloodshot eyes, lack of coordination, tachycardia, hypertension, lethargy, confusion or inability to focus. Remember that impairment can last for more than 24 hours after cannabis use, well after other effects may have faded.<sup>4</sup>



With the legalization of cannabis, people may be more open to talking about their use of cannabis products. Initiate a conversation. The medical history is a good place to start. A simple question such as "Do you use cannabis for medicinal or recreational purposes?" will allow you to assess and educate your client. The Ontario Pharmacists Association has developed a tool for initiating discussions about both recreational and medicinal cannabis use, which is available at [www.opatoday.com/Media/Default/Tools%20and%20Forms%20-%20Cannabis/Cannabis\\_Recreational\\_DiscussionTools.pdf](http://www.opatoday.com/Media/Default/Tools%20and%20Forms%20-%20Cannabis/Cannabis_Recreational_DiscussionTools.pdf).



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## FEATURE

*Impaired in the Chair?...cont'd*

Next, what are some of the considerations when initiating treatment?

► **Potential drug interactions:**

Cannabis use may cause tachycardia and heighten anxiety. These side effects may worsen or be prolonged with local anesthetics containing epinephrine. Cannabis may also alter the effectiveness of prescribed medications such as antibiotics, antifungals, antidepressants, and medications for hypertension.



► **Increased bleeding:** Cannabis use may increase bleeding, which can complicate treatment. Healing may also be affected.



► **Xerostomia and food cravings:**



Cannabis use may lead to xerostomia. It also stimulates cravings and appetite. As a result, cannabis users have a higher risk of decay, gingivitis, periodontal disease, as well as oral lesions and infections. Educating clients about increased risks to their oral

health is an important part of treatment planning. The information you provide should be based on scientific research and presented in a nonjudgemental way.

Documentation is key. Document your findings, including the dose and frequency of cannabis use, objective observations on capacity to provide consent, effects such as increased bleeding during scaling, and information provided to the client. If the dental hygiene care plan needs to be modified or cancelled for client safety, document the rationale.

The information presented here is an overview of this emerging but important topic. Watch for the CDHA webinar, "Cannabis in Canada," sponsored by PHILIPS and featuring Betsy Reynolds, available January 30, 2019, at [www.cdha.ca/webinars](http://www.cdha.ca/webinars). Dental hygienists are encouraged to gain deeper knowledge about cannabis use and its effects on the process of care. Dental hygienists should also review their provincial health care consent act for guidelines regarding consent to treatment. •

### RECOMMENDED READING

- CDHA has developed a one-page fact sheet, *Impaired in the Chair? Cannabis Use and Dental Hygiene Appointments*, that can be used to help educate your clients. This resource is found on page 23 and online at [www.cdha.ca/cannabis](http://www.cdha.ca/cannabis)
- The Canadian Pharmacists Association (CPhA) *Monograph on Cannabis*, available on CPS mobile, CPS online, and RxTx, provides information on warnings, side effects, and interactions with other drugs. CPhA has also published a series of resources on medical cannabis, including the *Cannabis for Medical Purposes Evidence Guide* and *Medical Cannabis Q&A*, both of which are available at [www.pharmacists.ca/advocacy/medical-cannabis/](http://www.pharmacists.ca/advocacy/medical-cannabis/)
- The University of Waterloo School of Pharmacy has developed a *Cannabis 101* infographic and a great "5 Things to Know About Cannabis" short video as part of its Pharmacy5in5 project, available at [www.uwaterloo.ca/pharmacy/cannabis-resources](http://www.uwaterloo.ca/pharmacy/cannabis-resources)
- The Ontario Pharmacists Association's "Beyond the Counter" blog has a post on recreational versus medicinal cannabis, written by Jennifer Pastore, BSc, RPh, and available at [www.beyondthecounter.wordpress.com/2018/07/20/cannabis-medicinal-vs-recreational/](http://www.beyondthecounter.wordpress.com/2018/07/20/cannabis-medicinal-vs-recreational/)

### References

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4. Health Canada. *Cannabis in Canada: Get the Facts* [Internet] [cited 2018 Nov 5]. Available from: [www.canada.ca/en/services/health/campaigns/cannabis/impairment.html](http://www.canada.ca/en/services/health/campaigns/cannabis/impairment.html)