

## **Dr. Mark Donaldson – CDA-SK 2019 Convention: My patient uses cannabis. What's the big deal?**

Chiraz: Hello and welcome to CDA Oasis, my name is Chiraz Guessaier. This year's joint CDA Convention will be held with the College of Dental Surgeons of Saskatchewan in September 2019. A group of prominent speakers will address dentists about a variety of topics that are related to their professional and personal lives. We have invited Dr. Mark Donaldson, Associate Principal at Vizient Pharmacy Advisory Solutions and professor in the Skaggs School of Pharmacy at the University of Montana. Dr. Donaldson's is actually a CDA Oasis session, and he is here to tell us more about it. Mark, it's always a pleasure to see you. Thank you for taking the time to speak with me today and welcome again to CDA Oasis.

New Speaker: Thanks Chiraz, always my pleasure.

Chiraz: So my first question is, what is the session about and what are some of the important elements that dentists will be learning about?

Dr. Donaldson: Well, this session I think is going to be very, very topical. Um, and you know, it's almost too bad that the he conferences isn't until September because I'm already getting a lot of questions around this topic and obviously it's going to be focusing on the legalization of cannabinoids in Canada and how that could affect dentistry. So, I think it's very topical from a legalization standpoint, but I also think it's very topical because we are already seeing some of our patients utilizing these medications, either in a recreational fashion or a medicinal fashion, and in trying to keep our patients safe, right, since patients' safety is our number one concern, how can we continue to offer high level, high quality dentistry in individuals who may be using or abusing cannabinoids? So, I think that this is going to be an essential session for all of your listeners.

Chiraz: It's great that you mentioned that people are asking you questions because my next question is exactly about that. Can you give us a brief scenario where a dentist might encounter, that a dentist might encounter that could jeopardize patient safety? And what should the dentists do at that point?

Dr. Donaldson: Great, great question. So, first let me be clear that because I think there's a misnomer out there, which is that, you know, Canada has legalized cannabinoids and that's not really what Bill C-45 has done. What Bill C-45 has really done is created a legal pathway to access the cannabinoids and so that has a little bit of a different connotation because we certainly don't want to, you know, deregulate cannabinoids such that anybody old or young can access these products. In fact, the Bill has been very clear that this is going to help create a legal pathway for adults to access these new medications that are coming out,

the cannabinoids based medications. So from a dental perspective we may already be managing these individuals.

- Dr. Donaldson: And the challenge that we have from a dental perspective is sometimes we know and sometimes we don't. So, you know, prevention is always going to be our first step. And with prevention what I mean is that intake form, when your patients come into your office and they're updating their medical and pharmacological history, we also want to make sure that we are asking those leading and very direct questions about all medications the patient's taking, so the licit and illicit. So, the pharmaceuticals, the over the counters, the botanicals, nutraceuticals, and you know, now more particularly than ever the cannabinoids. Now the cannabinoids do have multiple functions and you're going to have to come to my presentation to learn all about them. But we do know that certain cannabinoids can depress the central nervous system. People obviously take cannabinoids to help them to relax and that relaxation comes from a depression of the central nervous system.
- Dr. Donaldson: Since greater than 50% of the general population has some fear or anxiety about going to the dental office in dentistry we often use antianxiety agents. Things like inhaled gases in the form of nitrous oxide and oxygen, or with oral medications such as the Benzodiazepines, the Valium like drugs. If you have a patient that has taken a cannabinoid, it could act very synergistically to potentiate the effects of those drugs. And if patients have not told you that they're currently taking a cannabinoid and you give them one of these sedative agents, you certainly could get them into a deeper level of sedation than you intend and that could in fact be a medical emergency where you are obviously calling 911, that is always going to be the right answer.
- Dr. Donaldson: But then until the EMTs arrive, you are going to have to go through your PABCDs, the position, airway breathing, circulation and "D" definitive care. So, you know, we definitely want to emphasize prevention. Get that intake form updated. Make sure that you have that very important knee to knee, eye to eye discussion with the patient, nonjudgmental area. So you do really need to know about all of the medications they are currently taking. And I continue to emphasize that patients typically will have the same goal you do. They walked into your office upright, on room air, and they're hoping to leave the exact same way, but with perhaps a better smile and the only way that you can ensure their safety is if they are truthful with you. So, you know, I think when we frame the discussion that way, we'll avoid those bad outcomes. But if something untoward was to happen, definitely 911 and then you want to activate your emergency system.
- Chiraz: I speak to a lot of dentists and they say, what's the big deal? You know, what's the big deal? Okay. Do you think that they didn't smoke before the cannabis became legal in Canada? They used to smoke, they used to smoke other substances. What's big deal?

Dr. Donaldson: So, there is a big deal right now and for a couple of reasons. One is when we talk about the cannabinoids, there are different modalities. So if we just, you know, go down to the original smoking a joint, right? That is a big deal because the THC, the tetrahydrocannabinol or the most psychoactive of all the cannabinoids, it's typically in a marijuana cigarette is different today than the marijuana cigarette your parents may have smoked 20, 30 years ago. In other words, you know, the THC content 20, 30 years ago in a joint was typically around about 0.5%. As you forward to today, we're now seeing THC concentrations in marijuana cigarettes of anywhere from 8 to 10 to 15%. So, much more potent molecules. So, that is a big deal. And then when you start to have patients or people that are not just smoking marijuana, but they're also lacing that with some other type of drug, whether that's, you know, heroin or cocaine or even crack, you know, now you're getting into a much less controllable situation.

Dr. Donaldson: Now, I don't disagree with some of the points that you're bringing up but, you know, patients have been doing this for a long time and really is it a big deal? I would say for those individuals who don't truly abuse the drug, use the drug and get benefit from that drug. You know, maybe that's their baseline. The nice part is that, you know, they're already helping you out because they already have a sedative on board. So, you know, when the patient has smoked something, like marijuana, has come into your dental office, you know, the fact of the matter is that you don't need to add other drugs into that milieu to get them to relax. They're already hopefully relaxed. There's no contraindication to using a local anesthetic. So, the dental appointment might even be better than in the past.

Dr. Donaldson: But when you keep asking, you know, well, is it really a big deal? In fact, it is a big deal because when people smoke marijuana, they smoke it differently than cigarettes. They inhale deeply, they hold the smoke in their lungs and so we're seeing actually a large shift in lung pathology in the patients that we serve. In other words, if I was to ask the group what is your understanding or image that you see when I mention chronic obstructive pulmonary disease and most people picture, you know, a fat old person pulling a little canister of oxygen behind them, having difficulty breathing. And historically that would be correct. What we are seeing today unfortunately with the sort of deregulation of marijuana and the increasing usage, certainly by our young people in the fashion that I've described, is an increasing incidence of chronic obstructive pulmonary disease in young people.

Dr. Donaldson: And why is that a big deal? Because that is the one true contraindication to utilizing nitrous oxide. So, if you use nitrous oxide in your office and you know that you can't use it in COPD patients, be aware that the COPD patient today is very different than the COPD patient we imagined in the past. And part of that is because of the younger generation now really taking advantage of smoking marijuana. Two other things I'll just quickly mention is obviously if people are self administering via the smoked route, you know, that tends to be fairly self-indicative when they walk into your office. There's a little cloud or an odor around them and so whether they answer truthfully on their intake form, you

know that they have just introduced marijuana into their body And so you're going to change perhaps your operative or approach today.

Dr. Donaldson: When patients are taking cannabinoids via a different route, the enteral or oral route me a baby, even topically with butters or oils, you know, that becomes a little bit difficult, more difficult to self-diagnose if the patients are not admitting to it. And so, you know, I, I think just emphasizing caution and if your spider senses are tingling, then maybe if they still seem to require a sedative agent then you're using more conservative doses or cutting your doses in half. But it definitely can be a big deal. Marijuana, the cannabinoids, they're organic plant matter. They are not pure synthesized single entity products and so you just never know the exact sort of composition of the drug that the patient could be on and how that could interact with the operative or medications that you're about to provide.

Chiraz: Alright, great response for the next time I get the same comment. Now to conclude our conversation. For those who are unable to attend your session in Saskatchewan, are there any resources that they can check for themselves to learn more about this topic?

Dr. Donaldson: Yeah, so hopefully you will be joining us in Saskatchewan. I promise it's going to be an entertaining as well as obviously a highly informative discussion. But there are some amazing statistics out there and being a Canadian myself, of course I have to give a plug to Stats Canada. So, if you go on [www.statcan.gc.ca](http://www.statcan.gc.ca), you know, they've got some tremendous information there, which is Canada specific with regards to statistics. They also have a very significant link out to information for patients, information for providers, so very robust. I think our government has done a very, very nice job in that regard. I do know that the Oasis group here with the CDA also tends to focus on very topical opportunities and since this is one that as of last October, has now been "legalized in Canada" in quotation marks and I know that they have done several sessions that are available through either podcasts or videos online.

Dr. Donaldson: So I think that that's important. And then, more importantly, if you do come to my presentation, I will give some additional websites and conduits to stay up to date in this very topical area because it is changing rapidly. The legalization or regulatory piece was truly the first step and while it may have introduced a legal pathway to access the drug what's it's probably done more importantly, from a medical and dental perspective, is it's now sort of open the opportunity for greater research. And I think that the future is exciting for the cannabinoids in some of the newest medications that we may be able to synthesize from this drug. So lots of good stuff.

Chiraz: Mark, always a pleasure to see you. Thank you again for taking the time to do this interview and great information and we will see you in Saskatchewan.

Dr. Donaldson: Fantastic. Thanks Chiraz.

