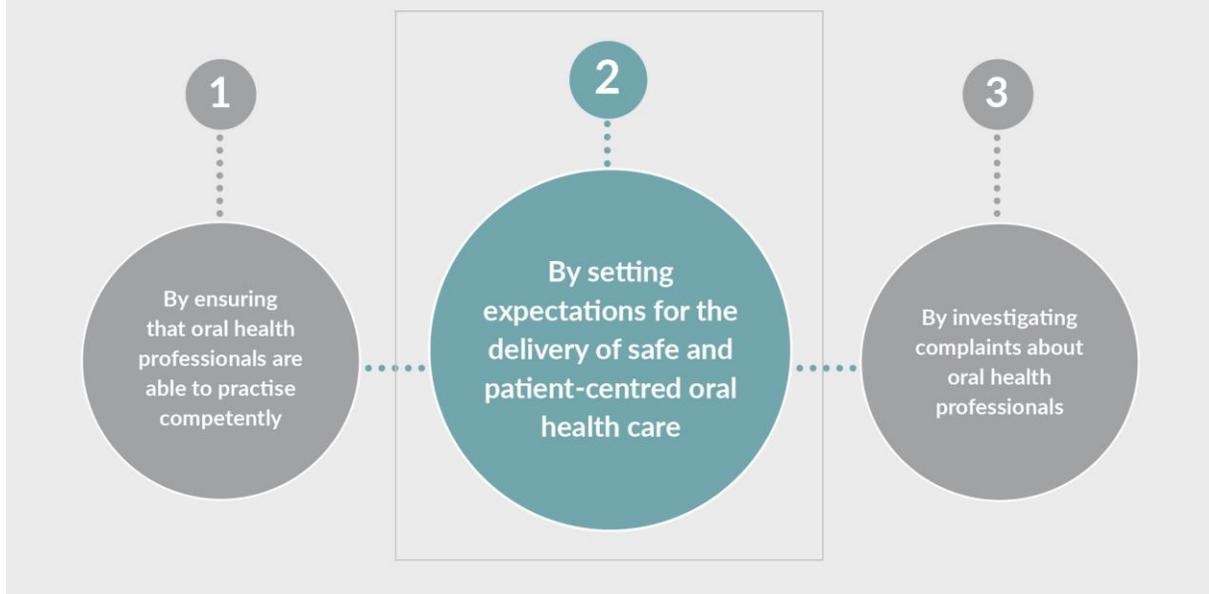


## Expectations for clinical and ethical practice

# Root of the Matter: Legalizing of Non-Medical Cannabis, Access September 2018

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



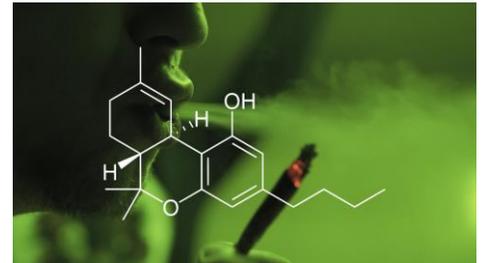
The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of BC and will be updated to reflect the amalgamation.

# Root of The Matter: Upcoming Regulation Changes - Legalization of Non-Medical Cannabis

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As of October 17, 2018, the federal government will be legalizing non-medical cannabis in Canada.<sup>1,2</sup> The *Cannabis Act* (federal), along with the *Cannabis Control and Licensing Act* (provincial) will provide the regulatory framework. With this imminent change, the College of Dental Hygienists of BC would like to remind Registered Dental Hygienists of the following:

- CDHBC Practice Standard requirements including obtaining informed consent; and,
- Refraining from impaired practice.



## Registrant's responsibility to uphold the CDHBC Practice Standards:

Registrants should be familiar with the signs and effects of cannabis use and understand how to assess the patient's degree of cognitive impairment in order to determine if a client is capable of providing informed consent.<sup>3</sup> According to the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#), the health care provider must determine whether a client is able to demonstrate that he/she understands the information that is presented in order to make a decision on informed consent or informed refusal to proposed health care.<sup>3</sup> This *Act* also outlines the elements required for an adult to be able to provide informed consent and/or informed refusal to proposed health care. A patient's ability to provide proper consent for treatment can be affected by cannabis as it impairs decision-making, memory and behavior.<sup>4,5</sup> Signs of cannabis intoxication can include marijuana odor, tachycardia, orthostatic hypotension, dry mouth, glassy or red eyes, and impaired concentration and coordination.<sup>5,6</sup>

Obtaining informed consent for a client that has consumed a cannabis product has the same considerations as for a client who has consumed alcohol and/or taken a pharmaceutical that causes impairment. It is up to the dental hygienist to use professional judgment to determine whether the client has the ability to provide informed consent. This would include understanding their oral health condition, the nature of the planned intervention(s), risks and benefits of the intervention(s) and any alternative courses.<sup>3</sup> In the event that the client is not able to provide informed consent and/or the ability to provide informed consent is not clear, dental hygiene care should be postponed until such time when the client can meet the parameters for providing informed consent.

As part of a comprehensive health history, the dental hygienists should understand the differences between cannabis delivery systems and document all aspects of use (including dose and frequency).<sup>5,7,8</sup> Clients may be using cannabis for recreational or a potential therapeutic use. Therapeutic cannabis may be used for conditions including: nausea and vomiting, anorexia related to HIV/AIDS, MS and pain control, just to name a few.<sup>5,9</sup> For those using cannabis for recreational use, the dental hygienist should be assessing the stage of change for cessation and provide appropriate help resources. Included in the dental hygiene care plan, education on the potential consequences of cannabis habits on their oral health should be planned.<sup>7,8</sup>

Common delivery modes of cannabis include: inhaled (e.g. smoking), vaporized, oral ingestion, oromucosal titration, rectal and topical application.<sup>5</sup> Peak blood levels and duration of cannabinoids vary for each of these delivery methods. For example, peak effects may occur within 15-30 minutes for inhaled

or vaped delivery and 60-90 minutes for oral ingestion.<sup>5</sup> The dental hygienist should be familiar with these factors related to pharmacokinetics. It is also a responsibility of the dental hygienist to understand the pharmacologic action of cannabis on the body systems, such as the central nervous system cardiovascular and cerebrovascular system, respiratory system, gastrointestinal system, and effects on the eye.<sup>5</sup>

Common Health Canada approved medical prescription cannabis preparations include:<sup>5,9</sup>

- Cesamet® - an oral capsule for nausea and vomiting associated with chemotherapy
- Sativex® - an oral-mucosal spray for spasticity and multiple sclerosis
- Marinol® - an oral capsule to treat loss of appetite in people with AIDS, nausea and vomiting associated with chemotherapy no longer available for sale in Canada

Education and discussions should be presented without judgement and based on scientific research, not based on the societal stigma associated with cannabis use.<sup>4,7</sup> In addition to education with respect to oral risks and treatment plan considerations, as with alcohol and anti-anxiety prescriptions such as benzodiazepines (e.g., Lorazepam), the dental hygienists should ensure that the client under the influence of cannabis is not driving impaired.<sup>10</sup>



#### **Registrants responsibility to refrain from impaired practice:**

Under the *Health Professions Act*, section 16, 2. (d), the College is responsible “to establish, monitor and enforce standards of practice to enhance the quality of practice to reduce incompetent, impaired or unethical practice amongst registrants”.<sup>11</sup> Registrants have a both a duty and an ethical responsibility to work safely to ensure that through their actions, and those of their professional colleagues, the public is not put at risk by

practicing impaired.<sup>6, 11, 12</sup> Being impaired in the dental hygiene practice setting, whether caused by alcohol, benzodiazepines, opioids, cannabis etc. can impair judgement and the ability to focus, make decisions, and coordination.<sup>5</sup> The CDHBC Code of Ethics require that a dental hygienist hold paramount the health welfare of the clients, which would include not providing care while being impaired. The ethical standards also include reporting impaired practice of a health care professional to the appropriate regulatory body.<sup>12</sup>

The information presented here is not meant to be comprehensive, rather a highlight of a registrant’s responsibilities. As such, the CDHBC encourages registrants to seek learning opportunities that provide greater detail on the topic that will build confidence when applying this information to actual situations in dental hygiene practice.

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