

Research Agenda and Final Words

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CHS risks and protective factors in the community and health care settings

- Social determinants
 - Marginalized populations (mental illness)
 - Racialized minorities
- Demographics
 - Adolescents and young adults
 - Gender
- Genetic and biological factors
- Environmental factors
 - Policies (local vs. National data)
 - Availability of high concentration cannabis
 - Normalization of daily use

Prevention: prodromal phase

- Tools to screen people outside of health systems
- Develop interventions to prevent the hyperemetic phase of CHS
- Impact of dose, route of administration, duration and frequency on likelihood of CHS
- Identify early signs/symptoms/biomarkers for the CHS threshold

Diagnostic research

- Characteristics that can be used to make a diagnosis of CHS without requiring cessation of cannabis
 - Is compulsive bathing/hot water use sensitive and specific enough to be a part of the diagnostic criteria?
- List of differential diagnoses that should be ruled out clinically or before making a diagnosis of CHS
- Develop potential biomarkers that could make a diagnosis of CHS more likely

Effective communication methods: consumers & patients

- Develop and test messages that
 - validate discredit/suspicion,
 - build rapport and
 - offer credible reasoning
 - pragmatic perspective
- Identify the right “messenger”
 - Health care providers
 - People with lived experience in CHS

Treatment research

- Harmonize protocols that makes them
 - Safe and effective
 - Appropriate for situations with diagnostic uncertainty
 - available across a range of settings
- Develop suggested criteria for admission
- Optimal medications to prescribe at discharge
- Identify appropriate providers for follow up
- Appropriate risk mitigation strategy going forward for a patient who is not willing to stop using cannabis